HOPE: [hɑhp] noun, verb, hoped, hoping, the feeling that what is wanted can be had or that events will turn out for the best. to look forward to with desire and reasonable confidence. to believe, desire, or trust. Our hope is in Christ.
TIME AVAILABILITY: *(please check all times that apply)*

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*these volunteer positions do not require attendance at an education session*

VOLUNTEER AREA(S) OF INTEREST: *(please check the volunteer areas of interest to you)*

- [ ] Office Support
- [ ] Reception Desk
- [ ] Weekly Kitchen Help
- [ ] Health Fairs
- [ ] Weekly Table Set up for groups
- [ ] Light Housekeeping help
- [ ] Baking*
- [ ] Volunteering at yearly Events*
- [ ] Prayer
- [ ] Babysitting
- [ ] Other

*these volunteer positions do not require attendance at an education session*

QUESTIONS:

1. Why do you wish to be a Cornerstone of Hope Volunteer? __________________________________________
   __________________________________________
   __________________________________________

2. Describe your personal experience with death and loss. (Have you experienced any deaths in your family or of those close to you? If yes, please specify the relationship and when they died.): _______
   __________________________________________
   __________________________________________
   __________________________________________

3. Please list any previous volunteer experience: __________________________________________
   __________________________________________
   __________________________________________

4. Do you have any physical or medical conditions that may limit your ability to participate in certain activities?: __________________________________________
   __________________________________________
   __________________________________________

5. Have you ever been convicted of a felony?: __________________________________________
   __________________________________________
REFERENCES: (please list two references, non-relatives, that we may contact to get an understanding of your experience, talents & character)

1. Professional Reference
Name of Reference: ________________________________
Relationship: _____________________________________
How long have you known him/her?: __________________
Daytime Phone: __________________ Evening Phone: __________________
Address: _________________________________________
City: ___________________________ State: _____ Zip: ___________

1. Personal Reference
Name of Reference: ________________________________
Relationship: _____________________________________
How long have you known him/her?: __________________
Daytime Phone: __________________ Evening Phone: __________________
Address: _________________________________________
City: ___________________________ State: _____ Zip: ___________

Cornerstone of Hope and the volunteer applicant acknowledge that the training class is a time of exploration, and attendance does not guarantee volunteer placement.