



# VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Education Session: \_\_\_\_\_

**PERSONAL INFORMATION:**

Name (Last, First): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Title: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

(PLEASE PHOTOCOPY YOUR DRIVER'S LICENSE & SEND IN WITH APPLICATION)

*In Emergency, Please Notify:*

Name (Last, First): \_\_\_\_\_

Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**EDUCATION:**

Name of School(s) Attended	No. Years or Degree	Courses or Major
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Educational Experience (including workshops, training programs, seminars, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SKILLS:**

Please indicate any special skills in which you have been trained/licensed (e.g. R.N., Massotherapy, Computers, Hairstylist, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CORNERSTONE OF HOPE | A CENTER FOR GRIEVING CHILDREN, TEENS & ADULTS

**HOPE:** [*hohp*] noun, verb, *hoped*, *hop-ing*. 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**.



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TIME AVAILABILITY: (please check all times that apply)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Events Only*							

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

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

### QUESTIONS:

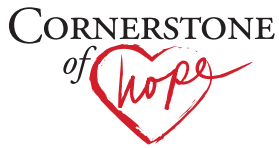
1. Why do you wish to be a Cornerstone of Hope Volunteer? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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?: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**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.***