

New Hope Camp Inc.

Volunteer Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Permanent address if different		Date of Birth	
Phone	Cell Phone	E-mail Address	Social Security No.
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

REFERENCES	
<i>Please list two personal references not related to you.</i>	
Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()

VOLUNTEER OPPORTUNITIES			
<input type="checkbox"/> Girls' Circle Co-leader	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Help in the office	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Boys' Council Co-leader	<input type="checkbox"/> Provide food	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Other
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Provide transportation	<input type="checkbox"/> Assist with special program	
Have you volunteered with New Hope in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have experience with at-risk children? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list experience			

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
I authorize New Hope to make background checks with those law enforcement or governmental agencies deemed necessary. I hereby waive any right to claim that any request is an invasion of privacy since it is with my consent and it is in my interest to be considered for a volunteer position .	
Signature	Date

FOR OFFICE USE ONLY	
Date References check completed	Date Background check completed \including Sex offender list