

Volunteer Application

Name

First: Last:

Address

Street Address: Address Line 2: City: State: ZIP Code: Phone: Email: Birthdate: Occupation: Work Phone: Marital Status: Spouse's Name: Spouse's Occupation: Do you have any children?: Ages: Church: Pastor's Name: Are you a member?:

EDUCATIONAL BACKGROUND (YEAR)

HS Degree: Some College: Major Subject: Degree:

Vocational and/or Volunteer Experience (outside of church):

Ministry Volunteer Experience:

Personal Qualifications or skills you are bringing to Hope Outreach:

Hobbies/Interests:

How did you hear about the volunteer opportunities at Hope Outreach?:

Hope Outreach Hours of Operation

Office	9AM-5PM	MON-FRI
Refuge	8AM-4PM	MON-FRI
Hope Parenting	9AM-5PM	MON-FRI
Marketplace	9AM-7PM	MON-SAT
Warehouse	9AM-5PM	MON-SAT

Hours You Are Available

Monday: Tuesday: Wednesday:
Thursday: Friday: Saturday:

Volunteering For

MARKETPLACE

- Customer Service
- Greeter
- Books/Media
- Merchandise Stocker

WAREHOUSE

- Donation Receiving
- Pricing
- Sorters
- Small Repair

ADMIN

- Phone Callers
- Inserters
- Cleaning
- Hosting

MINISTRY

- Cleaning
- Mentor*
- Gardening
- Special Projects

**NOTE: Volunteers for Hope Parenting must complete a different application*



VOLUNTEER RELEASE OF LIABILITY

I understand that Hope Outreach Ministry is a nonprofit, charitable organization that serves the community. As a volunteer for Hope Outreach, I might enter the premises to pick up products; to deliver products; to assist in sorting, shelving or organizing products; to clean; or for other reasons. I understand that Hope Outreach wishes to obtain a release of liability from those entering its premises.

I, for myself and my heirs, personal representatives, assigns and agents, hereby release, and forever discharge Hope Outreach, its officers, directors, employees, agents, representatives, successors and assigns from any and all claims, demands, causes of action, suits, damages, injuries, costs, expenses and compensation, whether known or unknown, arising from, resulting from, or in any manner relating to my entering onto the premises, delivering products to or from the premises, or otherwise engaging in any type of activity on the premises of Hope Outreach.

I have carefully read this Release. I understand that this Release is contractual in nature and is binding on me.

First Name:

Last:

Signature:

Date:

Signature of Parent or Legal Guardian (for minors):