

Hope at the Brick House, Inc. Mission Statement: Giving hope to families through spiritual, educational and community based support.

Vision Statement: *To see every family loved and cared for.*

VOLUNTEER APPLICATION

Date: _____

Names: _____ Maiden Name _____

City, State,

Address: _____ Zip: _____

Primary phone: _____ Primary e-mail: _____

Cell: _____ Work: _____

Emergency: _____

1. What type of volunteer services do you wish to do: (Please circle all that apply)

After School Program Summer Program Family Friend Mentor Child Care

Transportation Meal prep/delivery Lead a study Fundraising Office Support

Advisory Committee Member Work with Children Work with teens Events

Building Maintenance Work Projects (yards, paint, etc.) Other: _____

Do a project like: _____

2. Why do you want to volunteer? What are some goals you would want to achieve as a volunteer?

3. How did you hear of this program? _____

4. Have you ever been a volunteer? Yes No; If yes, when and where _____

5. Our Mission statement is at the top. How do you see yourself fitting into that mission?

6. When are you available to volunteer?

Days/Times: _____

7. What are some of your hobbies / interests / unique skills? _____

8. Do you have a car? Yes No 9. Do all over 16 have a valid Driver's License? Yes No

9. Do you have valid insurance? Yes No 11. With whom? _____

Amount of insurance coverage _____

10. Has your license ever been suspended? Yes No

11. Have you ever been convicted of a crime other than a traffic violation? Yes No If yes, please explain: _____

12. What is the highest level of education you have received? Grade school High School College

College degrees or course work: _____

13. Have you ever been discharged from a job? Yes No If yes, please explain:

Work experience: (past five years)

| Dates | Company | Job title | Supervisor |
|-------|---------|-----------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

References: Do we have permission to contact these references: Yes No

Pastor: _____ Phone: _____

Church: _____

Address: _____ City, State
Zip: _____

Name: _____ Phone: _____

Address: _____ City, State
Zip: _____

Occupation: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ City, State
Zip: _____

Occupation: _____ Relationship: _____

Person to notify in case of emergency:

Name: _____ Phone: _____

Address: _____ City, State
Zip: _____

Alter. phone: _____ Relationship: _____

I have been advised of the tasks and responsibilities as a volunteer. Knowing the risks involved by providing these services, I do hereby agree that Hope at the Brick House, Inc and it's agents and employees shall not be liable to me for any injury or damage resulting directly or indirectly from my participation in volunteer services. This includes in the facility and outside of it.

Signature

Date

It is our policy to request a criminal records check. Do you give permission? _____

What states have you lived in, within the past five years? _____

**Hope at the Brick House, Inc.
1431 Ripley St
Davenport, IA 52803
563-570-2526**

