

**520 North Shawano Street**

**New London, WI 54961**

**920.249.4553**

[www.missionofhopehouse.org](http://www.missionofhopehouse.org)

**Volunteer Application (please print)**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ (must be 18 years of age to volunteer individually)**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_**

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

**Current Employer: (For Grant Matching) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any past volunteer roles you have had and for what organization you volunteered:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer Skills: Please check the skills below that you are willing to share with MOHH**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Clerical |  | Gardening/Yard Care |  | Teaching/Tutoring |  | Maintenance/Plumbing |
|  | Carpentry/Electrician |  | Basic Childcare |  | Snow Removal |  | Newsletter |
|  | General Cleaning |  | Meal Preparation |  | Special Projects |  | Fundraising |
|  | Committee/Board |  | The Bridge Thrift Store |  | Staff Relief/Support |  | Arts/Crafts |

**Other volunteer skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check Yes or No for the following:**

**Are you volunteering to fulfill a required Community Service sentence? Yes \_\_\_\_ No \_\_\_\_**

**Have you been convicted of a felony (within the last 10 years)? Yes \_\_\_\_ No \_\_\_\_\_**

**Are you currently on probation? Yes \_\_\_\_ No \_\_\_\_**

**If you answered “Yes” to any of the questions above, please explain:**

**Volunteer availability: Please identify time available by day of week**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|  |  |  |  |  |  |  |

**Or describe time available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I certify that the answers provided are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application. I further understand that Mission of Hope House of Wisconsin, Inc. will conduct a background check on me and I offer my consent to conduct this background check. I understand that Mission of Hope House of Wisconsin, Inc. is not obligated to accept me into their volunteer program and if accepted they or I may terminate the volunteer agreement at any time. If accepted, I understand that false or misleading information given in my application or interview may result in discharge at any time. I agree to treat all information I may hear, see, read, or otherwise acquire as highly confidential, and I will not reveal or discuss this information outside of my official duties at Mission of Hope House Wisconsin, Inc.**

**My signature on this document acknowledges that I have read, understand, and will abide by this agreement and all agency policies and procedures.**

**Volunteer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**If you are not 18 years of age, a parent or guardian signature is also required:**

**Parent/Guardian of Volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

FORM SSS-003A