



MINISTRY VOLUNTEER APPLICATION

PLEASE RETURN TO VOLUNTEER VolunteerMinistry@hopefortheheart.org

Today's Date	First Name	Last Name		
Street Address		City	State	Zip
Email		Do you have an idea of how many HOURS you'd like to serve? Daily: Weekly: Monthly:		
Daytime or Cell Phone				
Education (<i>Select highest level completed.</i>) <input type="checkbox"/> Junior High <input type="checkbox"/> Undergraduate <input type="checkbox"/> High School <input type="checkbox"/> Graduate				
Emergency Contact		Availability		
Name		Time of day you're available: Mon Tue Wed Thu Fri Sat		
Address				
Cell #				
Relationship				
How did you hear about our volunteer program?		Is there anything you'd like to share about a factor or condition that might prevent you from performing as follows: <input type="checkbox"/> Standing _____ <input type="checkbox"/> Walking <input type="checkbox"/> Sitting _____ <input type="checkbox"/> Hearing / phone <input type="checkbox"/> Lifting 5-20 lbs <input type="checkbox"/> Talking / phone Please Explain:		
Church Affiliation, Volunteering, Community Service, any other ministry involvement you wish to mention				

Please tell us about any licenses, certifications, unique skills, talents or experience which might be helpful in placing you in a volunteer role (i.e. writing, counseling, IT, etc.)

Optional – You may use this section to share why you're interested in volunteering with Hope For The Heart OR a brief testimony OR anything else you would like us to know about you. *This information is kept confidential and will not negatively affect applicants from being considered as a Ministry Volunteer Partner.*

Reference #1	Reference #2
Name	Name
Nature of Relationship:	Nature of Relationship:
Daytime #:	Daytime #:
Alternate #:	Alternate #:

Release of Liability

I hereby certify that the facts set forth in my application for a volunteer position are true and complete. I understand that any omission of fact or false statement on the application shall be considered sufficient grounds for HOPE FOR THE HEART to refuse to consider me as a volunteer or sufficient cause for dismissal.

Date:

I hereby authorize HOPE FOR THE HEART, in order to evaluate me for volunteer purposes, to contact any or all of my previous employers, references, and educational institutions, and otherwise to investigate my character, general reputation, personal characteristics, mode of living, work habits, skills, and/or abilities through any credit bureau, credit agency or other consumer information agency of its choice. I hereby release and acquit HOPE FOR THE HEART from any liability whatsoever for any damage which I may suffer or sustain by reason of its use of any such report or information

Signature:

Please return your completed form to:
HOPE FOR THE HEART – Volunteer Coordinator
2001 W. Plano Parkway, Suite 1000
Plano TX 75075

E-mail: VolunteerMinistry@hopefortheheart.org