

# Volunteer Application



Thank you for your interest in volunteering for Hope on Haven Hill. Please complete and return this to us so we can get to know you a bit better. Someone will be in touch after we receive your application. We look forward to meeting you!

Application Date \_\_\_\_\_  
Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

### **EDUCATION**

Education \_\_\_\_\_

### **SKILLS & EXPERIENCE**

Special training, skills, hobbies  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your prior volunteer experience (include organization names and dates of service)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in volunteering for Hope on Haven Hill? What do you hope to gain from this experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experiences have you had that may prepare you to work as a volunteer at Hope on Haven Hill?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

\_\_\_\_\_

**Please check off all areas you may be interested in volunteering:**

- Fundraising    Office/Administrative work    Childcare    Life Skills Training    Cooking
- Hair/Nail Care    Budgeting    Physical Fitness    Spirituality    Mindfulness
- Arts/Craft Projects    Celebration planning (birthdays/baby showers/sober anniversaries)
- Clinical/Therapeutic work    Smoking Cessation    Transportation    Building Maintenance
- Gardening/Lanscaping    Laundry Help

Is there something else you would like to help with that isn't listed?

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*If you are interested in helping residents with rides to appointments and such:*

Do you have a driver's license? No   Yes

Do you have car insurance? No   Yes

Do you have a car available for transporting others? No   Yes

**REFERENCES**

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name	Relationship to you	Length of relationship	Phone number

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained in my application will be verified by Hope on Haven Hill. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Hope on Haven Hill or my termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you again for your interest in volunteering at Hope on Haven Hill. Please send this application to [Lyndi.sargent@gmail.com](mailto:Lyndi.sargent@gmail.com) or mail it to us at:

Hope on Haven Hill ~ PO Box 1272 ~ Rochester ~ NH ~ 03867