



Hope Center Volunteer Application

Application Date _____

Name _____ Male ___ Female___

Complete Mailing Address _____

Personal contact information

phone _____

e-mail _____

Church home _____ Contact info _____

Emergency contact information

Name: _____ Phone: _____

Allergies or Medical Alert information: _____

**There are three programs you may help with at the Hope Center:
Community Care | Food Pantry | Hope Center Events**

Community Care Sessions (Check all that apply)

Happens four times each month from February through November

- | | |
|---|---|
| <input type="checkbox"/> Hostess Welcome Team | <input type="checkbox"/> Music Team |
| <input type="checkbox"/> KidZone Team | <input type="checkbox"/> Registration Team |
| <input type="checkbox"/> Life Encourager Team | <input type="checkbox"/> Salon Team (Nails/Hair Cuts) |
| <input type="checkbox"/> Meals Team | |

Food Pantry Activities (Check all that apply)

- | | | |
|--|---------------------------|------------------------|
| <input type="checkbox"/> Wednesday Morning Team | 8:30 AM – 12:30 PM | weekly |
| <input type="checkbox"/> Wednesday Afternoon Team | 4:00 PM – 6:30 PM | weekly |
| <input type="checkbox"/> Monday Evening Prep Teams | | 2-3 Hr. Monthly |
| <input type="checkbox"/> Food Pick up and Delivery Teams | | |
| <input type="checkbox"/> Cleaning and organizing the Food Pantry | | |
| <input type="checkbox"/> Securing New Food Sources | | |

Hope Center Events (Check all that apply)

- | | |
|---|------------------------------|
| <input type="checkbox"/> Backpack Blast | July August |
| <input type="checkbox"/> BagIt 4 Compassion | Weekly/Monthly Opportunities |
| <input type="checkbox"/> Restoration Urban Ministries (RUM) Monthly Meals | One evening a Month |
| <input type="checkbox"/> Bless a Child Celebration | Christmas Season |
| <input type="checkbox"/> Holiday Food Basket Assembly Distribution | Thanksgiving Christmas |

What amount of volunteer commitment interests you?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Weekly, regular commitment | <input type="checkbox"/> Monthly, regular commitment |
| <input type="checkbox"/> One-time | <input type="checkbox"/> Short-term project |

If you are available for a weekly, or monthly commitment, please note what days/times might work best. _____

If you are available for a one-time or short-term project, please note what days/times you are available to volunteer. _____

Please check all areas of interest:

- | | |
|--|---|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Music |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Health and Wellness | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lawn and Gardening | |
| <input type="checkbox"/> Cleaning and Organizing | |

Other comments or information:
