

HOPEWELL
9637 State Route 534 P O Box 193
Mesopotamia, Ohio 44439
Phone: (440) 693 4074
Fax: (440) 693 4168
Email: cwelder@hopewell.cc

Volunteer Application Form

Date of Application ____/____/____ SS# ____/____/____
First Name _____ MI ____ Last Name _____
Address _____ Telephone _____
_____ Email _____

How did you hear about Hopewell? _____

Are you affiliated with a volunteer organization? ____ Yes ____ No

If yes, Name of Organization _____

Name of Contact Person _____ Telephone _____

Are there any restrictions to the days or hours you are willing to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are the restrictions? _____
Have you ever had an ethics allegation or felony charge brought against you?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was the allegation? _____
Are you willing to not smoke while at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 22 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No
When will you be available to start work? _____

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On a separate sheet, please tell us about yourself. Please address the following points.

- What draws you to apply as a volunteer at Hopewell?
- What qualifies you to be a volunteer with us in terms of life experience, experience with mental illness, education, interests or particular talents?
- Do you feel you can be comfortable being around individuals with a mental illness?
- The length of service you are willing to commit to if applying as a full time volunteer or the number of days per week if applying as a part time volunteer.

CERTIFICATION

I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any volunteer opportunity at Hopewell. I understand that all information on this application is subject to verification and I consent to criminal history background checks and pre-volunteer drug screening. I also consent to Hopewell contacting references, former employers and educational institutions listed regarding this application. I further authorize Hopewell to rely upon and use, as it sees fit, any information received from such contacts.

Date _____ **Applicant Signature** _____

Please mail, fax or email this form along with your resume and at least 3 references with their contact information. Once we receive this information, you will be contacted for a phone interview. Thank you for applying to volunteer at Hopewell!