

# Heart of Hope Volunteer Application Form

Thank you for your interest in volunteering with *HOH Leadership*

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## Personal Information

Name: \_\_\_\_\_ Male  Female  Birth-date: \_\_\_\_\_  
Month / Day / Year

School \_\_\_\_\_ Grade \_\_\_\_\_

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

Telephone:(Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

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## Parents Information

Parent Name: \_\_\_\_\_ Father  Mother

Parent Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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## Your Skills and Interests

1. Have you ever done any voluntary work before? Yes  No

If you answered yes, please tell us a little about the experience.

2. Why do you want to volunteer now? What has motivated you to get in touch with us?

3. Do you have any particular skills or qualities that you could use in your voluntary work?

4. What kind of voluntary work interests you?

- Management
- Parents Association
- Organization Based Activities
- Project Based Volunteering
- Other

5. How did you find out about volunteering with HOH Leadership?

\_\_\_\_\_

Referred by: \_\_\_\_\_

6. Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true. All my actions as a volunteer will reflect the ethics of HOH and I agree that being Child Centered will be central to my role.

Signed \_\_\_\_\_ Date \_\_\_\_\_

<b>For office use only</b>	<b>Notes</b>
Volunteer Position _____	
Volunteer Role Description sent _____	
References Collected _____	
Volunteer Start Date _____	