

# Hope for the poor children

## Volunteer application form

This form is to be completed, signed and returned to Hope for the poor children at which you are to provide volunteer services. A copy of this completed form will be retained in file on site. The original will be send to HPC Office Humans Resources.

Last Name _____	Address _____
First Name _____	City _____ State _____ Zip _____
Date of birth ____ . ____ . ____ mm . dd . yyyy	Day phone _____
Genre <input type="radio"/> Male <input type="radio"/> Female	Cell phone _____
	Email _____

I am interested in volunteer at:  School  Orphanage I want to be a HPC volunteer from: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ to \_\_\_\_ . \_\_\_\_ . \_\_\_\_  
mm . dd . yyyy mm . dd . yyyy

Interested volunteering for:  School activities  Religious Education  Coaching  Other \_\_\_\_\_

Do you speak any other language? Yes No If yes what language (s)? \_\_\_\_\_

Do you have any medical conditions that need to be accommodated? \_\_\_\_\_

Do you have a particular food allergies / preferences? \_\_\_\_\_

Please list present and former volunteer activities beginning with your present most recent position.

## References

*Please provide 2 personal / professional references*

**Name** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_  
City \_\_\_\_\_ State \_\_ Zip \_\_  
**Email** \_\_\_\_\_  
**Relation** \_\_\_\_\_  
**Years know** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_  
City \_\_\_\_\_ State \_\_ Zip \_\_  
**Email** \_\_\_\_\_  
**Relation** \_\_\_\_\_  
**Years know** \_\_\_\_\_

*Please provide 2 contact in case of emergency in USA / Haiti*

**Name** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_  
City \_\_\_\_\_ State \_\_ Zip \_\_  
**Email** \_\_\_\_\_  
**Relation** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_  
City \_\_\_\_\_ State \_\_ Zip \_\_  
**Email** \_\_\_\_\_  
**Relation** \_\_\_\_\_

## Important - Please read this

**You must complete question, I, II & IV only if the volunteer position (s) for which you are applying for will involve significant contact with children or other vulnerable individuals, i.e. elderly, mentally or emotionally handicapped, etc. Such positions include but are not limited to catechist, coaching, school volunteer, counseling and maintenance.**

**I.** Has a civil or a criminal complaint ever been filed against you that alleged sexual misconduct or child abuse by you or your participation in or facilitation of such activities (including internal complaints given to management or supervisors at places of employment)?

Yes  No *If yes, please explain below and attach a separate sheet if additional space is necessary.*

**II.** Do you presently serve, or have you ever served, as a volunteer for any organization, entity or group in which you had significant contact with children or other vulnerable populations (e.g. elderly mentally or emotionally handicapped, etc.)?

Yes  No *If yes, please provide the name, address and phone number of the organization, period of volunteer service, supervisor's name; and briefly describe you activities and or duties. Attach a separate sheet if additional space is necessary.*

**III.** Have you ever chosen not to renew or continue any employment or volunteer service, had your employment or volunteer service terminated, or been subject to any disciplinary action, for reasons relations to allegations of sexual misconduct or child abuse by you?

Yes  No *If yes, please explain and attach a separate sheet if allegations (s) and the dispositions of the matter (s).*

**IV.** Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation?

Yes  No *If yes, please explain below and attach a separate sheet if additional space is necessary.*

### Important - Please read and sign below

The information provide on this form is true, correct and complete. If accepted as a volunteer, any misstatement omission of fact on this form may result in termination of my services. I grant permission to check my background and references.

I further understand that all persons who will have significant contact with children are required to undergo a state and federal criminal background check before working with children.

Print your Name \_\_\_\_\_

Signature \_\_\_\_\_

Dat \_\_\_\_ . \_\_\_\_ . \_\_\_\_  
mm . dd . yyyy