



Date of Completed Application:

\_\_\_\_/\_\_\_\_/\_\_\_\_

## H.O.P.E. Volunteer Application

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies/Health Concerns: \_\_\_\_\_

### Primary Emergency Contact

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Secondary Emergency Contact

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Please check the volunteer opportunities that interest you:**

**Administrative:** filing copying data entry bulk mailings packet assembly

**Assisting at Special Events**

**Babysitting**

**Companioning & Visiting Patients**

**Housecleaning and/or Home Maintenance**

*(Please circle preference)*

**Patient Transport** (Additional paperwork is required)

**Preparing and/or Delivering Meals to Patients & Patient Families**

*(Please circle preference)*

**Providing Refreshments** (for monthly support meetings)

**Running Errands**

**Serving on H.O.P.E. Committees** (Public Relations, Special Events, Fundraising, etc.)

**Serving as a member of H.O.P.E.'s Board of Directors**

**Additional Comments or Suggestions:**