



HOUSE OF HOPE inc

Empowering, Healing, Protecting

PO Box 176 Lexington, MO 64067 - 660-259-4766 phone - 660-259-6768 fax - hoh@cebridge.net - www.lexingtonhouseofhope.com

Adult Volunteer Intern Application

I. Personal Information

Date _____			
Name			
_____	_____	_____	_____
Last	First	Middle	Date of Birth (Month & Day)
Address			
_____	_____	_____	_____
Street	City	State	Zip Code
Phone _____		Fax Number _____	

E-Mail Address			

II. Employment Information

Current Employer _____	Phone _____

Position/Title _____	
Describe your duties _____	

Other Employment Experience (briefly describe) _____

III. Education Information

High School: _____ Diploma _____ GED

Current school attending (if any) _____ Grade

Circle highest level of education completed: 1 2 3 4 5 6 7 8 9 10 11 12

 Under Graduate Post-Graduate Doctorate

Please list any/all degrees:

I AM AVAILABLE FOR VOLUNTEER SERVICE: (CHECK ALL TIMES THAT APPLY)							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Overnight							

V. Background Information

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?
____ Yes ____ No If yes, please list

Do you have a valid driver's license? _____ Do have valid automobile insurance? _____

Some volunteer positions may require a criminal background check. An authorization form will be required.

Personal Reference _____ Relationship

Telephone
_____ Home Business Cell or Other

Personal Reference _____ Relationship

Telephone
_____ Home Business Cell or Other

Professional Reference _____ Relationship

Telephone
_____ Home Business Cell or Other

VI. Emergency Contact Information

Person(s) to contact in case of emergency

Telephone
_____ Home Business Cell or Other

VII. Liability/Confidentiality Wavers

I, _____, do hereby agree to indemnify and hold harmless House of Hope, Inc. from any and all claims or causes of action that may arise out of performance of my assigned duties. I waive any right of action I have against House of Hope, Inc. in consideration of my participation as a volunteer for House of Hope, Inc.

I also understand that in my capacity as a House of Hope, Inc. volunteer, I will come into contact with confidential information. I agree to maintain the strictest confidentiality while I am at House of Hope, Inc.

I will not reveal or repeat any information about any clients or their children, whether residential or non-residential. I understand that this agreement to not reveal or repeat information pertains to present clients as well as previous clients with this agency. All information that I see and all conversations that I hear will remain forever confidential and within the confines of the agency.

I also agree not to reveal or repeat any information that might unwittingly reveal the identity of any client or child served by this agency.

This has been explained to me and I will understand the rules of confidentiality that exist with House of Hope, Inc. I understand these rules are for safety and protection of all persons involved with this agency. I further understand that I will be asked not to return to this agency if confidentiality is broken.

Date _____

Printed Name

Signature

INSURANCE RESPONSIBILITY

As a volunteer who will provide transportation for participants of House of Hope, Inc., I will maintain and furnish proof of insurance. I take full responsibility for any participant whom I agree to transport. I further understand that House of Hope, Inc. will not be responsible for any lawsuits or legal action that occurs as a result of my actions.

Volunteer's signature _____ Date

Staff member's signature _____ Date
