



Volunteer Application

Mail, drop-off, or fax the completed forms to:
 Hope's Door, Inc.
 ATTN: Melissa Hannon
 860 F Avenue, Suite 100
 Plano, TX 75074
 Phone: (972) 422-2911
 Fax: (972) 423-4154

PLEASE READ BEFORE COMPLETING THIS APPLICATION

Hope's Door, Inc. does not discriminate in the recruitment and placement of volunteers on the basis of race, color, religion, national origin, sex, marital status, disability or age. No question in this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; however, its receipt does not imply that you will be utilized. Volunteer coordination necessitates that you meet all conditions required for the position for which you are applying or considered.

PLEASE PRINT CLEARLY

Date: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Maiden Name: _____ Other Names Used: _____

Date of Birth: _____ Driver's License#/State: _____

Marital Status: Married Single
 Divorced Other

Social Security: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Residential Address: _____ City: _____ St: _____ Zip: _____

How Long at Above Address: _____

Have you received counseling or assistance from Hope's Door? Yes No

If yes, when: _____ Who was/is your counselor? _____

VOLUNTEER SERVICE HISTORY

Have you volunteered at our agency before? Yes No

If yes, when did you volunteer? _____ What service did you provide? _____

Please indicate the times and days you are available to volunteer:

	Sun	Mon	Tues	Wed	Thu	Fri	Sat
Morning 9:00 a.m.– 12:00 p.m.							
Afternoon 12:00 p.m.– 5:00 p.m.							
Evening 5:00 p.m. – 8:00 p.m.							

Why are you seeking a volunteer position?

Personal fulfillment / Extra time

Community service requirements

- What was the offense? _____
- How many hours are required? _____
- Do you have any other offenses on your record? _____

Requirement for a degree/class (Interns: please see below)

- How many hours are required? _____
- How long do you have to complete your hours? _____

INTERN REQUIREMENTS

Please complete if you are applying as an intern:

Undergraduate Graduate

Total hours required: _____ Date due: _____

School: _____ Program/Major: _____

Professor: _____ Phone: _____

OCCUPATION / LANGUAGE

Employer: _____ Job Title: _____

Address: _____ City: _____ St: _____ Zip: _____

Supervisor: _____ Work: _____ Fax: _____

How long have you been employed? _____ Full time? _____ Part time? _____

May we contact you at work? Yes No

Does your employer offer a match/incentive for volunteering? Yes No

Do you know a foreign language? If yes, please indicate the following:

Language (s) _____ Read _____ Write _____ Speak _____

FOR STATISTICAL PURPOSES

How did you learn about Hope's Door? _____

I hereby claim that the information contained on this form is correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

If applicant is under the age of 18, parent must sign application:

Parent/Guardian: _____ Date: _____

AGENCY / VOLUNTEER AGREEMENT

This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the agreement is to assure you both our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

HOPE'S DOOR AGREES TO:

Hope's Door, Inc. agrees to accept the services of _____ (volunteer) beginning _____ (date). Hope's door commits to the following:

1. To provide adequate information, training and assistance for the volunteer to be able to meet the responsibilities of their position.
2. To provide support, supervision and any necessary evaluations to the volunteer.
3. To promptly discuss any problems, questions, or comments that may arise.
4. To respect the skills, dignity and individual needs of the volunteer, and to do our best to adjust to these individual requirements.
5. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
6. To treat the volunteer as an equal partner with agency staff, jointly responsible for completion of the agency mission.
7. To inform volunteers of any changing policy that may affect their work area.

VOLUNTEER AGREES TO:

I, _____, agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to agency rules and procedures, including record-keeping requirements, and maintaining confidentiality regarding the location of the shelter and staff/agency/client information.
3. To meet my agreed upon time and duty commitments, or to provide 24-hour notice to supervisor or volunteer coordinator so that alternate arrangements can be made.
4. To act at all times as a member of the team responsible for accomplishing the mission of the agency and to attempt at all times to be non-judgmental in dealing with others and to promote client self-determination.
5. To communicate with the volunteer coordinator any change in the status of my volunteer commitment.

SIGNATURES

Volunteer Signature

Date

Staff Representative Signature

Date

RELEASE TO CONTACT REFERENCES

I, _____, hereby authorize Hope's Door to contact personal references listed on this release form and understand that Hope's Door will not be held liable for the release of this information.

Volunteer Signature _____

Date _____

REFERENCES

Please do not list any family members or relatives

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Relationship to Volunteer: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Relationship to Volunteer: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Relationship to Volunteer: _____

OFFICE USE ONLY

Reference One

Date Contacted: _____

Contacted by: __Mail __Phone

Comments: _____

Reference Two

Date Contacted: _____

Contacted by: __Mail __Phone

Comments: _____

Reference Three

Date Contacted: _____

Contacted by: __Mail __Phone

Comments: _____

EMERGENCY CONTACT & MEDICAL INFORMATION

Please list the person we should notify in case of an emergency:

Name: _____

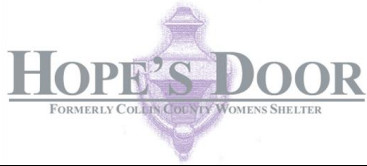
Phone: _____

Address: _____

Relationship: _____

Do you have any impairment (physical, mental or medical) that may limit your ability to perform the volunteer job applied for? Yes No

If yes, what can we do to accommodate you? _____



Volunteer Opportunities

Please indicate which program you are interested in and we will do our very best to match your availability with our needs. **Hope's Door, Inc. reserves the right to place volunteers where the need is greatest.**

The Outreach Counseling Center / Administrative Office

The Outreach Counseling Center provides individual and group counseling to women, children, and men affected by domestic violence. Our administrative offices are located within the counseling center.

Volunteer opportunities include providing childcare in the playroom while the parent is in counseling, administrative support, sorting, organizing, and transporting donations, conducting follow-up phone calls to clients, assisting with the volunteer program, and special events.

The Shelter

Our emergency shelter provides victims of domestic abuse a safe, confidential temporary housing.

Volunteer opportunities include answering the 24-hour crisis hotline, providing childcare in the playroom while the parent is in counseling, running errands, transporting clients, sorting, organizing, and transporting donations, grocery shopping, administrative support, and special events.

Resale Boutique

Hope's Door Resale Store sells gently used women's clothing, shoes, jewelry, and purses to the general public. All proceeds directly benefit the clients, programs, and services of Hope's Door.

Volunteer Opportunities include assisting customers, working the cash register, getting clothes and items ready for display, cleaning and maintaining the store's appearance, sorting, organizing, and transporting donations.