



Volunteer Application

PLEASE READ BEFORE COMPLETING THIS APPLICATION

Hope's Door, Inc. and New Beginning Center does not discriminate in the recruitment and placement of volunteers based on race, color, religion, national origin, sex, marital status, disability or age. No question on 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 COMPLETE FORM ENTIRELY

Date: [Click here to enter a 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

Home Phone: () - _____ Work Phone: () - _____

Cell Phone: () - _____ E-mail: _____

Residential Address: _____ City: _____ State: _____

How Long at Above Address: Yrs Months Zip: _____

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 9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon 12pm-5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening 5pm-8pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: [Click here to enter a date.](#)

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): Choose an item.

If Other, please type in language:

Read

Write

Speak

FOR STATISTICAL PURPOSES

How did you learn about Hope's Door? From a friend

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 & NEW BEGINNING CENTER AGREES TO:

Hope's Door, Inc. and New Beginning Center agrees to accept the services of _____ (volunteer) beginning [Click here to enter a date.](#) Hope's Door and New Beginning Center 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, _____ (volunteer's name), 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, _____ (volunteer's name), hereby authorize Hope's Door and New Beginning to contact personal references listed on this release form and understand that Hope's Door and New Beginning 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: Choose an item. If Other: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () - _____

Relationship to Volunteer: Choose an item. If Other: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () - _____

Relationship to Volunteer: Choose an item. If Other: _____

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: Choose an item.

Do you have any impairments (physical, mental or medical) that may limit your ability to perform the volunteer job applied? Yes No If yes, what can we do to accommodate you? _____

SPECIFIC SKILLS & EXPERIENCE

Please check all that apply.

- Microsoft Office Legal Childcare Marketing
 Retail Public speaking Social media Professional organizing

ORGANIZATIONAL NEEDS

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. and New Beginning Center reserve the right to place volunteers where the need is greatest.**

- The Outreach Counseling Centers / Administrative Offices** *(please select location preference below)*
The Outreach Counseling Centers provide individual and group counseling to women, children, and men affected by domestic violence.

PLANO LOCATION

GARLAND LOCATION

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 Shelters** *(please select location preference below)*
Our emergency shelters provides victims of domestic abuse a safe, confidential temporary housing.

PLANO LOCATION

GARLAND LOCATION

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
- Special events

- Resale Boutiques** *(please select location preference below)*
Our Resale Stores sell 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 and New Beginning Center.

PLANO LOCATION

GARLAND LOCATION

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

Click to Email

E-Mail, drop-off, or fax the completed forms to:

Hope's Door, Inc. & New Beginning Center
ATTN: **VOLUNTEER DEPT.**
860 F Avenue, Suite 100
Plano, TX, HOPES
EMAIL: VOLUNTEER@HOPESDOORINC.ORG
Phone: (972) 422-2911
Fax: (972) 423-4154