



seedsofhopeohio.com

Volunteer Application
Homeless is not hopeless

Personal Information

Full Legal Name Date
Street Address
City State zip
Home phone Work phone email
Social Sec #: DOB / /
Gender : Male or Female
What church do you attend?

Employment History

Please Provide employment information for the past five years, with most recent position held first.
If more space is needed use an extra sheet of paper.

Employer:
Street Address:
City: State zip
Supervisors Name: Title
Phone Dates of Employment to (m/year)
Position Held worked: Full-Time / Part-Time
[Repeating form structure for multiple entries]

**Please List two References (Not Family)**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_  
Years Known: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_  
Years Known: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**Applicant Questions**

Please answer all of the following questions as completely as possible. If more space is needed write on the back of this page

1. Why do you want to become a volunteer at Seeds of Hope?
  
2. What qualities, skills, or other attributes do you feel you have that would benefit Seeds of Hope?
  
3. Can you commit to participate in the SOH program for a minimum of one year? \_\_\_\_\_
4. Are you available to volunteer at least 8 hours per month? \_\_\_\_\_
5. Are you able to meet the physical requirements of volunteering? \_\_\_\_\_ Do you have any physical limitations we should be aware of? \_\_\_\_\_ Do you have any allergies? \_\_\_\_\_
6. How would you describe yourself as a person?
  
7. How would your friends, family and co-workers describe you?
  
8. Have you ever been arrested or convicted of a misdemeanor or felony? \_\_\_\_\_ If so, what were the circumstances?
  
9. Have you ever used illegal drugs? \_\_\_\_\_ If so, what substances were used and how often?
  
10. Are you currently using any illegal drugs or controlled substances? \_\_\_\_\_
11. Do you drink alcohol? If so, what and how often? \_\_\_\_\_
12. Have you ever been convicted of a DUI? \_\_\_\_\_ If yes, what were the circumstances?
  
13. Have you ever received treatment for alcohol or substance abuse? \_\_\_\_\_ If yes, Please explain.
  
14. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? \_\_\_\_\_ If yes, please explain

15. Have you ever been treated or hospitalized for a mental disorder? \_\_\_\_\_ If yes, please explain

16. Are you willing to communicate regularly and openly with the program supervisor, provide monthly information regarding your volunteer activities, and receive feedback regarding any difficulties during your participation as a volunteer? \_\_\_\_\_

17. Are you willing to attend an initial volunteer training as well as monthly staff meetings? \_\_\_\_\_

18. Have you done any other volunteer work? \_\_\_\_\_ If so give details:

19. How did you hear about Seeds of Hope? \_\_\_\_\_

20. Will you be providing transportation as a part of your volunteer work? \_\_\_ Yes \_\_\_ No

**Please Review Volunteer Opportunities and check by ones that interest you:**

\_\_\_\_\_ Administrative/Office Help

\_\_\_\_\_ Fundraising or Marketing

**Please list your availability:**

\_\_\_\_\_ Daytime \_\_\_\_\_ Evenings \_\_\_\_\_ Overnights \_\_\_\_\_ Weekends

Please list any licenses/certifications that you currently hold:

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

In case of emergency notify \_\_\_\_\_ relationship \_\_\_\_\_

Telephone number \_\_\_\_\_

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

**If you are called in for an interview please bring the following:**

- 1. Copy of your valid driver's license, insurance or state ID**
- 2. At least 3 personal references**
- 3. Copy of your social security card (for background checks we run)**

**Please read this carefully before signing:**

Seeds of Hope appreciates your interest in becoming a volunteer

Please initial each statement after reading

\_\_\_\_\_ I agree to follow all volunteer guidelines and understand that any violation will result in suspension and/or termination.

\_\_\_\_\_ I understand that SOH is not obligated to provide a reason for their decision in accepting or rejecting me as a volunteer.

\_\_\_\_\_ (optional) I agree to allow SOH to use any photographic image of me taken while participating as a volunteer. These images may be used in promotions or other related marketing materials.

\_\_\_\_\_ I understand I must bring the completed items above to the interview in order to complete the application process.

I understand that SOH does a thorough background investigation for all potential volunteers. This investigation is limited to only that information required to determine fitness for volunteering and may include, but is not limited to, past employment history, and a criminal background investigation. By affixing my signature to this document, I agree to hold harmless any previous employer, agent of that corporation, or any individual or organization providing information pursuant to this Authorization.

I also understand that by affixing my signature to this document that I am acknowledging that I am aware that Seeds of Hope Inc. is not authorizing me to transport any clients and if I choose to do so, I am doing so on my own volition. I further acknowledge that Seeds of Hope Inc. is not authorizing me to give any type of financial support or professional counsel to clients.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Received by

\_\_\_\_\_  
Date