

# Volunteer Application

**Mail, drop-off, or fax the completed forms to:**  
 Hope's Door, Inc.  
 ATTN: Melanie O'Brien  
 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

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

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

How Long at Above Address: \_\_\_\_\_ 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
<b>Morning</b> 9am-Noon							
<b>Afternoon</b> Noon-5pm							
<b>Evening</b> 5pm-8pm							

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

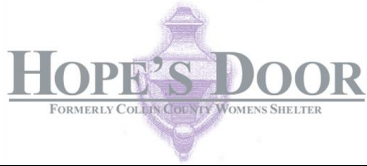
**Please list the person we should notify in case of an emergency:**

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

### SPECIFIC SKILLS & EXPERIENCE

Please check all that apply.

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Legal           | <input type="checkbox"/> Childcare    | <input type="checkbox"/> Marketing               |
| <input type="checkbox"/> Retail           | <input type="checkbox"/> Public speaking | <input type="checkbox"/> Social media | <input type="checkbox"/> 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. reserves the right to place volunteers where the need is greatest.**

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#### **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

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#### **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
- Special events

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#### **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