



CAROLE'S HOUSE *of* HOPE

VOLUNTEER APPLICATION



WELCOME TO CAROLE'S HOUSE OF HOPE

Dear Volunteer,

Welcome to Carole's House of Hope!

CHH is a valued provider of resources and solutions for young women and mothers. Your willingness to volunteer helps our program participants live a life that is fulfilling and enjoyable.

As you begin volunteering with CHH, we encourage you to embrace our company values of integrity, excellence, financial stewardship and teamwork. Should you have questions regarding our company, please don't hesitate to ask a staff member.

Mission:

Carole's House of Hope provides transitional living for young women and mothers who have aged out of foster care or have become homeless.

Our home-like environment, paired with innovative programs and services, encourages self-sufficiency and independence, promotes healing and ultimately restores hope.

Vision:

To ignite hope in women and mothers and inspire them to discover their individual promise, purpose and power to influence their families, impact their communities and change their world.

PERSONAL INFORMATION

Last Name	First Name	Date
Home Address		Home Phone ()
City, State, Zip Code		Email
Have you ever been convicted of a felony, gross misdemeanor, misdemeanor or released from prison in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" list offense, date and disposition of the case: (Convictions will not necessarily disqualify you.)		
Have you ever applied for employment or been employed with CHH? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when/what position?		Are you at least 19 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
How were you referred to our company? <input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Other (Please specify) _____		
Do you have any experience, training, qualifications or special skills which you think make you especially suited for work with CHH? (Explain)		

REFERENCES

Please list 3 references, address, telephone numbers, and years known. Please do not include relatives.

1. Name _____ Phone number _____ Years Known _____
2. Name _____ Phone number _____ Years Known _____
3. Name _____ Phone number _____ Years Known _____

I hereby authorize Carole's House of Hope (CHH) to contact, obtain, and verify the accuracy of the information contained in this application from all previous educational institutions and references. I also hereby release CHH and its representative from liability for seeking, gathering, and using such information to make decisions and all other persons or organization for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application whenever it may be discovered.

ACKNOWLEDGEMENT

Please read carefully and sign below

_____ I authorize any person or organizations named in this application form to provide CHH with relevant information and opinion that may be useful. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.

_____ I agree to obey the rules and standards of CHH. I understand that nothing contained in this application or in the interview process is intended to create a contract between CHH and myself.

_____ I understand that background checks will be completed prior to my volunteering services.

_____ I understand that CHH is a drug-free work environment and I will abide by the drug policy.

_____ I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions may disqualify me from further consideration and may result in my dismissal if discovered later.

Applicant Signature:

Date:

CHH is an equal employment opportunity employer. Applicants are considered and treated equitably without regard to their race, color, creed, national origin, religion, sex, sexual orientation, age, marital status, disability, familial status, genetic information, ancestry, status with regard to public assistance, or any class protected by applicable law.