



## VOLUNTEER APPLICATION

### Our Mission

The mission of High Hopes Inclusive Preschool and Pediatric Therapy Clinic is to equip children, youth, and their families with the skills necessary to achieve success through education, therapeutic services, and loving support.

### PERSONAL INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)  
Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
Phone Number \_\_\_\_\_  
(Home) (Mobile)  
E-mail Address \_\_\_\_\_ Birth Day \_\_\_\_\_ Birth Month \_\_\_\_\_  
Occupation \_\_\_\_\_ School \_\_\_\_\_ (If Student-Hrs Required) \_\_\_\_\_

Are you 18 years of age or over? **Yes No** If no, please have your parent or guardian sign the following forms.

Are you currently employed: **Yes No?**

Is your volunteering at High Hopes part of any court-mandated community service? **Yes No**

Have you ever been convicted of a felony? **Yes No** If yes, please explain:

### VOLUNTEER OPPORTUNITIES DESIRED

#### Areas of Interest:

\_\_\_ Reading to Children \_\_\_ Rocking Babies \_\_\_ Cleaning/Organizing  
\_\_\_ Special Events \_\_\_ Mailings \_\_\_ Therapy Student/Obs. Hours  
\_\_\_ High School Service Hours

Have you ever volunteered before: **Yes No?**

Name(s) of previous volunteer organization?

Dates of volunteering?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about our volunteer opportunities? \_\_\_\_\_

### AVAILABLE TIMES

#### Frequency:

\_\_\_ Daily  
\_\_\_ Weekly  
\_\_\_ Monthly

#### Time of Day:

\_\_\_ Morning  
\_\_\_ Afternoon  
\_\_\_ Weekend

#### Interest/Hobbies:

\_\_\_\_\_

Other Skills: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS**

- 1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_
- 2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_
- 3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**REFERENCE DATA**

Please list three people besides relatives whom you have known for a minimum of two years.

- 1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Length of time known \_\_\_\_\_
- 2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Length of time known \_\_\_\_\_
- 3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Length of time known \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**If applicant is under 18:**  
**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_