



House of Hope: 2484 SE Bonita Street ♦ Stuart, FL 34997

Fighting Hunger and Hardship in Martin County

Phone: (772) 286-4673 ♦ Fax: (772) 286-7696 ♦ www.hohmartin.org
 Hobe Sound: ext. 1200 ♦ Indiantown: ext. 1300 ♦ Jensen Beach: ext. 1400

ADULT VOLUNTEER APPLICATION – PLEASE PRINT

Your Contact Information					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other _____	First Name	MI	Last Name	Preferred First Name	Suffix
Home/Local Mailing Address		City	State	ZIP	Neighborhood
Are you a seasonal resident? ___ Yes ___ No If yes, what months are you at the local address? _____ Please send my mail to: ___ Home/Local Address ___ Business/Secondary Address					
Business/Secondary Address		City	State	ZIP	
Home Phone	Cell Phone (Do you text?) ___ Yes ___ No		Work / Alternate Phone		
E-Mail Address:					

About You <i>The following information is used only to determine the diversity of our volunteers. Completion is optional, but it is helpful to us in developing a complete record of our program.</i>	
Ethnicity—check one: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	Are you a military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Racial Group: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Two or More Races	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: _____ month/day/year

Your Availability to Volunteer - Which days and shifts are you available? (4 Hour Shifts)	
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
Available days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Location(s): <input type="checkbox"/> Stuart Thrift <input type="checkbox"/> Stuart Pantry <input type="checkbox"/> Hobe Sound branch <input type="checkbox"/> Indiantown branch <input type="checkbox"/> Jensen Beach branch	
I am also available for: <input type="checkbox"/> Subbing in other branches <input type="checkbox"/> Special events <input type="checkbox"/> Extra shifts occasionally	I would like to work _____ shifts/week # of shifts

Your Interests and Skills

Check In which areas are you interested in volunteering, other languages you speak and skills you possess? Please select all that apply.

AREAS OF INTEREST

- Food Pantry
 - Client distribution
 - Stocking
 - Warehouse
- Thrift Store
 - Donation Desk
 - Register
 - Sales Floor
 - Sorting
- Building maintenance
- Clerical / mailings
- Exterior and grounds
- Gleaning
- Pickups or deliveries
- Project HOPE intake
- Receptionist / Welcome Center
- Table at events (community outreach)

SKILLS YOU POSSESS

- Administrative / office support
- Calligraphy Clerical/Mailings
- Committee chair
- Computer
 - Data Entry Database management
 - Access Excel
 - Power Point Publisher Word
 - Photoshop Elements
 - Programming / building databases
 - Quick Books
- Drive truck
- Facility maintenance
- Fork lift operator
- Fund development Fund-raising solicitation
- Handyman
- Interviewing
- Leadership – Board Leadership – Event Planning
- Logistics / warehouse
- Merchandising
- Public speaking
- Sales / retail
- Supervisory - number of people _____

LANGUAGES

- Spanish French Creole German
- Other

How did you hear about House of Hope?

Please describe other ways you may wish to volunteer.

Work Experience / Volunteer Experience / Organizational Memberships - Please list paid and volunteer experience. Please attach your resume if you have one or use additional paper.

Business or Organization Name	City/State	Employment/Volunteer/Membership Dates	Positions Held

Education and Specialized Training – Begin with most recent

Institution	City/State	Degree/ Major	Dates Attended

Specialized Training:

Person to Notify in Case of Emergency			
Name:		Relationship:	
Home/Local Mailing Address	City	State	ZIP
Home Phone	Cell Phone	Work / Alternate Phone	

Are you volunteering to satisfy court-ordered community service? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please explain charges.
of hours needed _____ by _____ (date). PO Name & Phone: _____

Is volunteering part of any academic or scholarship requirement? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please explain.
Number of hours needed _____ by _____ (date).

Are you a client or have you ever received services from House of Hope? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Answering yes to the questions below will not necessarily disqualify an applicant. Please be ready to explain any YES answers.
Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes
Is it necessary to limit your physical activity? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been discharged or asked to resign from your job or volunteer position? <input type="checkbox"/> No <input type="checkbox"/> Yes

Agreement and Signature	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that all information obtain during my involvement with House of Hope will remain confidential. I understand that false statements or omission of facts called for on this application are a basis for dismissal as a volunteer regardless of when they are discovered. I understand that I am not applying for employment, but rather a volunteer position that can be terminated at any time by me or House of Hope. I understand that I may be asked to complete a background check at any time during my volunteer service with House of Hope.	
Name (print)	
Signature	Date

If under 18 years of age, a parent, guardian or responsible adult must provide approval signature.	
Parent Name (print)	
Parent Signature	Date

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

Volunteer Liability Waiver

I, the above listed and undersigned volunteer ("I" or "Volunteer"), desire to work as a volunteer for Jesus House of Hope Inc., a Florida non-profit corporation dba House of Hope ("HOH").

I hereby voluntarily execute this Volunteer Liability Waiver ("Waiver") under the following terms:

I hereby release and hold harmless HOH, its successors and assigns, officers, directors and employees, from any and all liability, claims, losses, damages and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with HOH.

I understand that this Waiver discharges HOH from any liability or claim that I may have against HOH with respect to bodily injury, personal injury, illness, death, or property damage that may result from my work with HOH. I also fully understand that HOH does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I hereby release HOH from any claims whatsoever which arise or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with HOH.

I understand that my time with HOH may include various activities which may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release HOH from all liability for injury, illness, death, or property damage resulting from the activities during my time with HOH.

I grant unto HOH all right, title, and interest in any and all photographic images and video or audio recordings that are made by HOH during my work with HOH, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver, which shall continue to enforceable.

Agreement and Signature

By signing and submitting this waiver, I understand I am agreeing to the Volunteer Liability Waiver above.

Name (print)	
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Signature		Date
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If under 18 years of age, a parent or guardian must provide approval signature.

Parent Name (print)	
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Parent Signature		Date
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Supplemental Volunteer Application

About Martin Volunteers

Martin Volunteers is a program of the United Way of Martin County. It provides our organization with volunteers and services to improve the volunteer experience. It also provides a central location for tracking volunteer hours in the county. Your volunteer activity is important so we can demonstrate the impact volunteerism has on Martin County. In 2014, volunteers provided over \$2.7 million in donated time and services to local non-profit organizations.

House of Hope works in cooperation with Martin Volunteers in tracking volunteer hours. Please fill out the information below if we may share your registration information and volunteer hours with Martin Volunteers. Thank you!

Applicant Information

Name (Please print clearly!): _____ Today's date _____

Street Address: _____

City, State, ZIP: _____ Neighborhood/Subdivision _____

1st phone: _____ (Home / Cell) 2nd phone: _____ (Home / Cell)

E-mail: _____

Preferred Method of Communication: Email Phone Text Ground Mail

I wish to receive newsletters/information from Martin Volunteers and United Way of Martin County: Yes No

I grant full permission for Martin Volunteers to use photographs or video footage of me in legitimate accounts and promotions.
 Yes No

The following information is tracked solely for grant purposes only and is entirely confidential.

Date of Birth: _____ Gender: Male Female Are you a military veteran? Yes No

Ethnicity: I choose not to disclose my ethnicity American Indian or Alaskan Native
 Native Hawaiian or Pacific Islander Asian
 Black or African American (Hispanic) Black or African American (Non-Hispanic)
 White (Hispanic) White (Non-Hispanic) Other

This information allows Martin Volunteers to request funding to support the volunteer activities of Martin County. This includes providing over 100 local non-profit organizations with volunteers who support their mission. Thank you for completing this section so Martin Volunteers can continue to provide services which increase the impact these organizations have on the lives of Martin County residents.

- I understand that if I use my personal automobile to drive to and from my volunteer workstation, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

Signature of volunteer _____ Date _____ Signature of Martin Volunteers staff _____

Driver's license # _____ State _____

Martin Volunteers is a program of United Way of Martin County, funded in part by the Hobe Sound Community Chest. RSVP is a program of the Corporation for National and Community Service, and is sponsored locally by United Way of Martin County.





HOUSE OF HOPE

Photo/Media Consent Form

I hereby give House of Hope consent to use my words and to record, videotape and photograph my image and/or voice to be used in the agency's promotional and marketing materials such as, but not limited to, brochures, newsletters, websites, social media, videos, and press releases to local media outlets.

I further understand that no special compensation will be provided to me for use of my image, words or voice and that I may not be informed in advance of such use.

I give this consent voluntarily.

Printed name of person giving consent

Signature of person giving consent

Date: _____

Minors under 18 years of age must have parent/guardian signature below as well.

Printed name of parent/guardian giving consent

Signature of parent/guardian giving consent

Date: _____



NMS
Management Services, Inc.

TO: NMS MANAGEMENT SERVICES, INC.

FAX: 877-589-0099 • TEL: 561-967-8884

FROM: Deidra Kinnaman

FAX: 772-286-7696

COMPANY: House of Hope

TEL: 772-286-4673, ext. 1008

EMAIL: deidra@hohmartin.org

APPLICANT INFORMATION

NAME _____
LAST FIRST MIDDLE

SEX _____ BIRTHDATE _____ SOCIAL SECURITY # _____

DRIVERS LICENSE# _____ Issuing State: _____

STREET ADDRESS _____

CITY, COUNTY, STATE, ZIP _____

PLEASE CHECK SEARCHES REQUESTED

- Florida Statewide Search (FDOC)
- Employment Credit Report
- Florida Statewide (FDLE)
- Single County Search (List Counties) _____
- Out of State Criminal (List States) _____
- Florida Motor Vehicle Search (3 year)
- Florida Motor Vehicle Search (7 year)
- Out of State Motor Vehicle Search (List States) _____
- Florida Workers' Comp History
- Social Security Search
- SSN/Authorization for Employment in the U.S.
- Employment Verification
- National Criminal Search
- Other: _____

AUTHORIZATION TO RELEASE HISTORY

I authorize NMS Management to conduct a background investigation and to obtain information about me from appropriate credit reporting agencies, other consumer reporting agencies, criminal records repositories, other Federal, State or Local governmental agencies, workers' compensation files, public records, former employers, former schools, listed or developed references, or others who may be able to provide information as to my background, character and general reputation. I hereby affirm that my answers to all questions on my application, this data sheet and all employment and residential history are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed, affect my application or continued employment. I understand that if I am hired, my employment with the company is at will, which means that my employment may be terminated by me or the company at any time, for any reason, with or without prior notice and without recourse.

(X) _____
Signature of Applicant Date

**BACKGROUND INVESTIGATION
AUTHORIZATION AND RELEASE FORM**

I authorize a background investigation to obtain information about me from (some or all of the following): credit reporting agencies, other consumer reporting agencies, criminal records repositories, other Federal, State or Local governmental agencies, workers' compensation files, public records, former employers, former schools, listed or developed references, or others who may be able to provide information as to my background, character and general reputation.

I hereby affirm that my answers to all questions on my application and all employment and residential history are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed, affect my application or continued employment. I understand that if I am hired, my employment with the company is at will, which means that my employment may be terminated by me or the company at any time, for any reason, with or without prior notice and without resources.

Name of Applicant (Printed)

Signature of Applicant

Date

Social Security Number

Former Name(s) or AKA