

**HOPE in Lancaster, Inc.**  
**Volunteer Application**  
PLEASE PRINT



Name: \_\_\_\_\_  Mr.  Mrs.  Miss  Rev. or Pastor Gender:  M  F

Address: \_\_\_\_\_  
Street City State Zip

Primary Phone: \_\_\_\_\_ home/work/cell Secondary Phone: \_\_\_\_\_ home/work/cell

E-Mail Address: \_\_\_\_\_ Birthday (month and day): \_\_\_\_\_  
mm/dd/yy

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Do you have regular internet access  yes  no

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**SKILLS/INTERESTS: (CIRCLE ALL THAT APPLY)**

- |                        |                        |                          |                  |
|------------------------|------------------------|--------------------------|------------------|
| Administrative Support | Computer Skills        | Data Entry               | Fund Raising     |
| Graphic Design         | Marketing              | Client Advocate          | Client Mentor    |
| Filing                 | Food Pantry Assistance | Food Pantry Stocking     | Clerical Support |
| Phone Support          | Teaching               | Grant Research           | Projects         |
| Seasonal Programs      | Program Development    | Thurs. Food Distribution |                  |

Are you fluent in other languages including Sign Language? \_\_\_\_\_ If yes, what language? \_\_\_\_\_

Tell us about any other volunteer experience you've had in the last five years \_\_\_\_\_  
\_\_\_\_\_

Tell us about any leadership experiences you have had \_\_\_\_\_  
\_\_\_\_\_

Describe an event and/or accomplishment in your life that you have found fulfilling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about volunteering at HOPE in Lancaster, Inc.? \_\_\_\_\_

Describe why you are interested in serving as a volunteer with HOPE in Lancaster, Inc. \_\_\_\_\_

Share three (3) of your strengths \_\_\_\_\_

Share three (3) of your weaknesses \_\_\_\_\_

Share some of your talents, interests, and abilities \_\_\_\_\_

HOPE in Lancaster, Inc. requires a South Carolina Background Check. Do you give HOPE in Lancaster, Inc. permission to run a background check?  Yes  No

HOPE in Lancaster, Inc. requires two personal references. Do you give HOPE in Lancaster, Inc. permission to speak with the references you provided regarding your application to volunteer?  Yes  No

**REFERENCES** (not family)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**I Am AVAILABLE:** (please circle all that apply)

**Day of Week**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

**Time of Day**

(hours listed are a generalization)

Mornings: 8-12

Afternoons: 1-4

Evenings: 6-8

**Availability**

As Needed

Short Term

Long Term

**I affirm that information in this application is true. I understand and agree with the Volunteer Waiver and HOPE in Lancaster, Inc. Statement of Mission, Vision, and Values.**

Signature \_\_\_\_\_

Date \_\_\_\_\_