

HOPE in Lancaster, Inc.
Volunteer Application
PLEASE PRINT



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

Address: _____
Street City State Zip T-Shirt Size

Primary Phone: _____ home/work/cell Secondary Phone: _____ home/work/cell

E-Mail Address: _____ Birthday (month/day/year): _____
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 | Fundraising/Donor Relations |
| Graphic Design | Marketing | Client Advocate (interviewer) | Client Mentor |
| Filing | Food Pantry Assistance | Food Pantry Stocking | Clerical Support |
| Office Support/Reception | Teaching | Grant Research | Projects |
| Seasonal Programs | Program Development | Thurs. Food Distribution | Courier/Driver |

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: _____

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 _____

Please submit your application to HOPE, PO Box 166, Lancaster, SC 29721, or drop off at 2008 Pageland Hwy., Lancaster, SC 29720, or email to our Volunteer Coordinator at avincent@hopeinlancaster.org or fax to 803-285-4270.