H.O.P.E.
Helping Others Prepare for Eternity
11022 Acacia Parkway, Suite C - Corporate Office
Garden Grove, CA 92840
Phone (714) 539-4357 · Fax (714) 539-4760

Volunteer Application

☐ Family Support Center ☐ M&m Youth Mentor Program ☐ Homework Club

Name _____
Last First Middle

Address _____
Street City State Zip Code

Date of Birth _____/_____/_____ Driver's License Number _____ State Issued _____
MM DD YY

Home Phone (_____) _____-_____ Cell Phone (_____) _____-_____SS# _____

Email _____ I understand I will be investigated and finger printed (over 18)_____

I am able to volunteer/mentor on: Day(s) of the Week _____ Time _____

Day(s) of the Week _____ Time _____

If you are applying as a volunteer or mentor, please provide three personal referrals. These persons will be contacted regarding your application:

Referral #1 Name _____ Phone (_____) _____-_____

Referral #2 Name _____ Phone (_____) _____-_____

Referral #3 Name _____ Phone (_____) _____-_____

Briefly explain how you heard of H.O.P.E. and why you are interested in helping:

_____

_____

I agree to keep information gained at H.O.P.E. confidential re: the organization, its' volunteers/clients/staff.

Photographs taken during your volunteer time may be used in H.O.P.E. and/or Media Publications, as well as in television advertisement. Please initial here if you do not wish for your photos to be used in this manner _____

I release Helping Others Prepare for Eternity, H.O.P.E., the Youth Mentor Programs, its board members, staff, volunteers, and any other person involved with this program from any and all liability, action, cause of action, debts, claims, and/or demands of every kind or nature whatsoever which may arise from or in connection with my participation in H.O.P.E. These terms shall serve as a release and assumption from all risk and liability.

Signature _____ ***Date*** _____
Parents Signature _____

For Office Use Only

Reference check done by _____ *Date* _____

Interviewer _____ *Date* _____

Approved: Yes ☐ No ☐ If no, please explain: _____

*Start Date*_____ *Background check/fingerprinted* _____

Signature of Executive Director _____ ***Date*** _____