

Mobile Hope Volunteer Application

Please choose the location you are volunteering for: *

What role(s) are you considering volunteering for? *

- Homework Help/Quest
- TreeHouse Volunteer
- Home Repair Team
- Meals for Treehouse/Journey
- Provide Snacks for Quest Program
- Open Hours Volunteer
- ESL/ELL Teacher
- Senior Coffee Volunteer
- Other

Applicant Information

Name *

First Name Last Name

Email *

example@example.com

Birthdate *

Month Day Year

Phone Number *

Area Code Phone Number

Other Phone Number

Phone Number

Area Code

Best time to contact you *

May we use texting to contact you? *

Yes

No

Address *

Street Address

Street Address Line 2

City

State

Zip Code

Group or Church Affiliation *

Volunteer Experience

Have you volunteered for Mobile Hope in the past? *

Yes

No

Have you volunteered for other organizations in the past? *

Yes

No

Organization Name

Supervisor

Start Date

Month Day Year

End Date

Month Day Year

Supervisor/Organization Phone Number

Area Code Phone Number

Organization #2 Name

Supervisor

Start Date

Month Day Year

End Date

Month Day Year

Supervisor/Organization Phone Number

Area Code Phone Number

What qualities or skills do you have that might help you in volunteering for Mobile Hope? *

Valid Driver's License? *

Yes

No

Do you have your own transportation? *

Yes

No

On which days are you available to volunteer? *

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Please indicate what hours you would be available on those days. *

Can you make a one-year commitment to this volunteer role? *

Yes

No

Would you be available for periodic volunteer training sessions? *

Yes

No

Criminal History

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft or motor vehicle violations)? Choose One *

Yes

No

If yes, please explain fully:

Have you ever been convicted of a criminal offense? *

Yes

No

Do you currently have any criminal actions pending in which you are the Defendant? *

Yes

No

Are you currently on probation or parole? *

Yes

No

Have you ever or do you currently have any restrictions regarding working with children, youth or other vulnerable populations? *

Yes

No

If you answered yes to any of the above 4 questions, please explain fully:

Personal References

Name (Reference #1) *

First Name

Last Name

Email *

example@example.com

Relationship to you

Occupation

City/State

Phone Number *

Area Code

Phone Number

Name (Reference #2) *

First Name

Last Name

Email *

example@example.com

Relationship to you

Occupation

City/State

Phone Number *

Area Code

Phone Number

Background Check Authorization

To protect the families and children we work with, Mobile Hope requires background checks to be performed on all regular volunteers. Please affirm your agreement to the statement below. After which you will receive a link via email where you can submit your information.

"I hereby authorize Mobile Hope to obtain and/or request information about my criminal history from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days' notice of the same."

Background Check Fee

You may still submit your application if you are unable to cover this cost. It will then be covered by Mobile Hope.

Print your name *

Date *

Month Day Year

Applicant Statement

Please read and sign below.

I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that this volunteer application is not valid without my signature.

Print your name *

Date *

Month Day Year

Mobile Hope Newsletter

Yes, please subscribe me to this newsletter.