



HOPE HAVEN VOLUNTEER APPLICATION

The following information will help us to find the most satisfying and appropriate volunteer service for you. Your cooperation in completing this application is most appreciated. All applicants must be at least 18 years old, or have parental consent. All applicants are considered without regard for race, color, sex, disability, religion, sexual orientation, national origin, education or political belief.

Please attach a copy of your driver's license or I.D and Insurance Card. Please designate which program, service, or type of volunteer activity you are most interested in:

RCF/MR Group Homes:

Walton Northwood Gugeler

ICF/MR Group Homes:

Brueck Ertz

RCF:

Cottonwood

Respite/Supported Community Living (SCL) - Program: _____

Work Services Alternative Services Adult Development Program Enclave

Flexible Services Drop-In Center Wapello/Motts Center

Hopefully Yours Retail Store Administration Other _____

Type of Volunteer Activity that interests you: _____

PERSONAL			
Last Name	First Name	Middle In.	Date:
Street Address:		Home Telephone: ()	
City, State, Zip:		Alternate Phone: ()	
Email Address (optional):			
If you are representing a group or organization, what is the name of your group or organization?		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give age:	
On what date would you be available to begin?		Have you ever been employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates:	
Have you performed volunteer work before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?		Have you had experience with persons with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain	
What times/days are you available to volunteer?		How many hours do you want to volunteer?	
Do you have a founded record of child or dependent adult abuse, or have you ever been convicted of or pled guilty to a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes – Please explain:			

- **Education:**
High School - Highest grade completed: _____
College - # of years or degree received: _____
- **Licenses or Special Certifications Pertinent to Volunteer Position:** _____

- **Medical** – Do you have any medical conditions that would interfere with your volunteer duties or which might require assistance/medical attention i.e. diabetes, heart condition, seizure disorder, etc.?
 Yes No
 If yes, please explain _____

- **Emergency Notification:**
In case of emergency, notify: _____
Name

Relationship	Phone Number
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- **Other Information Pertinent to my Volunteer Activity:** _____

I understand and agree that I am performing this activity on a volunteer basis and in a non-work status. I understand that I will not be compensated monetarily for any activities I engage in with individuals, receiving services at Hope Haven Area Development Center Corporation.

I acknowledge and agree that I am not obligated, if called upon, to perform the volunteer services herein applied for, and that Hope Haven is not obligated to use my services as a volunteer, and I can deny these services.

I acknowledge that if accepted as a volunteer, I will follow the policies and procedures established by HHADCC and acknowledge that failure to do so may result in termination of my services.

I acknowledge that prior to volunteering, I will complete any required training by HHADCC staff. I understand that the use of my services is contingent on successful completion of this training.

I acknowledge that this application is submitted on behalf of myself and if approved I accept the responsibilities that will be assigned to me and understand that these responsibilities cannot be transferred to any other person(s).

Any Hope Haven staff may independently determine, at any time, that any volunteer activity may not take place or terminate when staff feels it is in an individual's best interest even though the activity was otherwise pre-approved.

I hereby authorize Hope Haven to contact the references listed on the volunteer reference form and any other references deemed necessary. I also authorize HHADCC to conduct whatever investigation it may deem necessary to determine if I can become an effective volunteer for Hope Haven.

Signature: _____ Date: _____

If under 18 need guardian's signature:

Signature: _____ Date: _____