



Changing lives. Transforming communities.

Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____

E-mail: _____ Date of Birth _____

Employer: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Volunteer Opportunities:

My personal areas of expertise: _____

May we contact you if a need arises for your area of expertise? _____

Specific days and time you are available _____

How did you hear about Hope for the Inner City?

Volunteer Work:

Please list your previous volunteer work:

Please list your current community activities:

REFERENCES:

Please list name, complete address, zip code and telephone of two references, over the age of 21 and not a family member.

NAME	ADDRESS/ZIP	PHONE
1. _____	_____	_____
2. _____	_____	_____

I certify that the information in this application is true and correct to the best of my knowledge. I give consent that my current employer and persons given as references may respond to a verbal or written request for further information from Hope for the Inner City. I am willing to undergo a background check. I agree to refer any inquiries regarding HFIC, its program, participants, sponsors, or donors to the Executive Director or staff of HFIC. I understand that my application and all information contained herein will be held in strict confidence by Hope for the Inner City and will not be released to any outside party without applicant's consent.

Signed this _____ day of _____, year: _____

Signature

Print Name