



## HOPE, Inc. Volunteer/Intern Application

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

University, if internship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone/Other: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License/State ID: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Make, Model, Color of Vehicle: \_\_\_\_\_

Which volunteer position are you interested in:

- Board Member       Nurse/Physician       Group Facilitator       Fundraiser
- Shelter Aide       Shelter Maintenance       Intake Assistant
- Administrative/Clerical/Technical support
- Internship       Other: \_\_\_\_\_

How were you referred to HOPE? \_\_\_\_\_

1) Are you seeking community service hours with documentation? (I am doing this as a community volunteer)

Yes  No

2) Have you ever been convicted of or plead no contest to a crime of physical or sexual abuse on another person?

Yes  No

3) Are you seeking an internship? If so, what are the supervision requirements for your program?

Yes  No

Explain: \_\_\_\_\_

Please list two references and their daytime phone numbers:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Years known: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Years known: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit this application with a copy of your résumé to:*

**HOPE Inc.**  
**Attn: Volunteer Services**  
**249 Baldwin Ave**  
**Pontiac, MI 48324**

HOPE Inc., Adult Shelter Program will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.