



HOPE Shelters
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: _____

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 Shelters
Attn: Volunteer Services
249 Baldwin Ave
Pontiac, MI 48324

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