

**Vision of Hope Ministries
Volunteer Application**

Name _____ Date _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email address that is checked frequently: _____

Best time / way to be reached _____ Occupation _____

Age _____ Single _____ Married _____ Divorced _____ Engaged _____

Do you have children? _____ What are their ages? _____

Education / Training that would be helpful in your volunteering at Vision of Hope:

Please briefly describe your Christian experience regarding salvation, church membership, Biblical counseling training or certification (with dates), and any other information you feel would be applicable to your volunteering at this ministry:

Where do you attend church? _____ Are you a member there? _____

Which ABF? _____ Who is your deacon? _____

Have you ever worked with troubled youth?

Why do you want to volunteer at Vision of Hope?

I would like to volunteer as a:

- Special Skills Volunteer (Describe Your Special Skill : _____)
- Daily Aide (Volunteering with all the girls for a specific amount of time each week as an assistant)

I'd like the VOH staff to know that I have special skills in the following area and would be happy to share them as needed with the VOH residents:

- Exercise and Fitness
- Education / Tutoring (Explain: _____)
- Office Work / Clerical
- Carpentry, handyman, painting, plumbing, etc
- Lawn / gardening
- Arts and Crafts (Explain: _____)
- Other (Specify: _____)

Depending on my schedule and availability I am very interested in helping to:

- Drive residents to appointments
- Make phone calls for special events, appointments, dinner reservations, etc
- Run errands assist around the house with putting away donations, doing odd jobs, etc
- Provide housing for a girl over holiday breaks, transitioning out of VOH, etc
- Provide housing for a newborn baby awaiting reunification with her mother
- Provide housing for a single mom's minor children
- Other (Specify: _____)

Although we realize this may need to be adjusted over time, please indicate the days and shifts that you are most likely available to work.

Day of the week	6 am – 2 pm (8 hrs)	9 am – 5 pm (8 hrs)	2 – 10 pm (8 hrs)	6 – 10 am (4 hrs)	9 am – 2 pm (5 hrs)	1 – 6 pm (5 hrs)	6 – 10 pm (4 hrs)
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

Please return this application and the \$50 application fee to: Vision of Hope 5652 Mercy Way Lafayette, IN 47905

Have you spoken with your spouse and / or children about this, and have you prayed about this and still believe this is something God wants you to do? _____

Are you willing and able to make a firm commitment for a specific period of time? _____
Months of the year you are available: _____

All volunteers are required to attend a new volunteer orientation and periodic in-service volunteer meetings. Please be aware of this commitment.

Please note that VOH staff will be happy to work volunteers with seasonal schedules (teachers, college students, etc) according to your monthly availability.

Questions / Comments: _____

Please fill out this box to allow us to check your references:

Name of the **Pastor** in your church who knows you best: _____

Contact info: _____

Your **Deacon**: _____

Contact info: _____

Your **ABF teacher or small group leader** who knows you best: _____

Contact info: _____

Office Use Only:	
Background Check _____	Training Sessions: 1 _____ 2 _____
Shirt Size: _____	3 _____ 4 _____
Sex / Violent Offenders Reg Check: _____	5 _____

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