

Please return to: Center Director
1018 South Taylor Drive, Sheboygan, WI 53081



Anchor of Hope Health Center

Confidential Application for volunteers

Name _____ DOB _____ Today's Date _____

Are you over 21? Yes _____ No _____ Languages spoken other than English _____

Address _____

City, State, Zip _____ Email _____

Phone (home) _____ (work) _____ (cell) _____

Occupation _____

Previous Occupations _____

Educational background _____

How did you hear about us?

Radio _____ Online _____ Church _____ Family/Friend _____ Newsletter _____ Other _____

Do you consider yourself a Christian? Yes _____ No _____

Please provide the following information about your local church:

Church Name _____

Pastor's Name _____

Address _____

Describe positions held/services within the church.

May we call your pastor as a reference? Yes _____ No _____

Briefly state why you are interested in volunteering at New Hope.

What training, life experience, and personality traits do you bring to this ministry?

What are possible areas of weakness/areas you feel you won't fit?

Is there any other information you would like us to know?

Volunteer Availability: Please list the times would be able to volunteer.

Monday	Tuesday	Wed.	Thurs.	Friday	Saturday

Please circle your areas of interest:

Client Advocate

Graphic Design

Boutique Helper

Medical (Nurse, NP, or Physician) Banquet/Finance/Fundraising/Events

Post Abortive Support

References: Please provide the names of two persons not related to you, who you have known for at least one year, who we may call as a character reference on your behalf.

1. Name _____ Relationship to you _____

Address _____ Phone _____

2. Name _____ Relationship to you _____

Address _____ Phone _____

3. Name _____ Relationship to you _____

Address _____ Phone _____

Driving information: *All transportation volunteers must submit a copy of Driver's License and insurance*

Do you have a valid Driver's License? Yes _____ No _____

License Number _____

Insurance Provider _____ Policy number _____

Emergency Contact info:

Name _____ Relationship _____

Phone (home) _____ (work) _____

(cell) _____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment of promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with New Hope PCS that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information on my application will be confirmed by New Hope PCS. I understand that a background check through the Wisconsin Department of Health and Family Services and Wisconsin Department of Justice Information Bureau will be run before I begin my volunteer service with New Hope PCS. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a position with New Hope PCS or my termination as a volunteer.

Signature _____

Date: _____