



## Volunteer Application

### Personal Information (please print):

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Gender:  Male  Female Race: \_\_\_\_\_

Add me to HOPE newsletter

### Spoken Languages:

### Proficiency Level (Amateur/Skilled/Instructor)

Physical Limitations:  No  Yes (please explain): \_\_\_\_\_

### References:

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

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

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

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

Why do you want to volunteer with Hope Against Trafficking? \_\_\_\_\_

List previous volunteer experience: \_\_\_\_\_

### Please check areas of interest:

#### ADMINISTRATIVE

- Accounting
- Administration
- Business Plan Development
- Data Entry
- Event Planning
- Fundraising
- Marketing
- Social Media
- Grant Writing
- Website
- Other: \_\_\_\_\_

#### HOUSE PROJECTS

- Cleaning
- Construction / Carpentry
- Gardening / Landscaping
- Electrical
- Handyman - urgent need!
- Lawnmowing
- Maintenance
- Painting
- Plumbing
- Snow Removal

#### SURVIVOR SUPPORT

- Art
- Cooking
- Crafts: \_\_\_\_\_
- GED / Tutor
- Fitness: \_\_\_\_\_
- Life Skills: \_\_\_\_\_
- Music: \_\_\_\_\_
- Drivers – urgent need!
- Vocational – Job Skills: \_\_\_\_\_

#### PROFESSIONAL

- Art Therapy
- Counseling
- Music Therapy
- Photography
- Security

#### EDUCATION & AWARENESS

- Speaking at events
- Table hosts at events

#### SPIRITUAL

- Bible Study
- Prayer Team



If you checked any boxes from Professional, Survivor Support and/or Spiritual, please answer the following questions:

- 1. Due to the sensitivity of the work and the safety of our survivors, volunteers working DIRECTLY WITH SURVIVORS must obtain a background check. If you do not agree to this procedure, you are not eligible to volunteer directly with survivors.
[ ] Yes If yes, you will receive further information on how to obtain a background check.
2. Volunteers working DIRECTLY WITH SURVIVORS must obtain a TB test. Are you willing to do this?
[ ] Yes If yes, you will receive further information on how to obtain a TB test.

NOTE: Volunteers hereby agree to serve any survivor regardless of race, sex, creed or national origin.

Skills That May be Helpful \_\_\_\_\_ Proficiency Level (Amateur/Skilled/Instructor) \_\_\_\_\_

If you checked boxes from Survivor Support and/or Professional, list your education and work experience below:

Education (highest level completed):

- [ ] High School [ ] College [ ] Graduate School [ ] Business [ ] Technical/Vocational

Work Experience:

Occupation: \_\_\_\_\_ Most recent employer (optional): \_\_\_\_\_

Volunteer Availability: (Check all applicable):

Number of days per week: \_\_\_\_\_

- [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday [ ] No Preference

Time most available: [ ] Morning (9am - 12pm) [ ] Afternoon (1pm - 5pm) [ ] Evening (after 5pm)

Comments or additional information: \_\_\_\_\_

In an emergency, notify:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

I hereby certify the above is true:

(Signature/Volunteer) \_\_\_\_\_ (Date) \_\_\_\_\_

(Signature/HOPE Staff) \_\_\_\_\_ (Date) \_\_\_\_\_

Please return completed application to:

Email: Volunteer@HopeAgainstTrafficking.org
Mail: Hope Against Trafficking
P.O. Box 431413
Pontiac, MI 48343