



Volunteer Application

Personal Information (please print):

Add me to HOPE newsletter

First Name _____ Last Name _____

Address _____ City/State/Zip _____

Telephone _____ Email _____

Date of Birth _____ Spouse's Name _____

Gender: Male Female Race: _____

How did you hear about HOPE? _____

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)

Two horizontal lines for entering skills and proficiency levels.

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