



There's no place like Hope...

Volunteer Information Form

Name: _____

Phone #: _____

Email: _____

Is this volunteer experience the requirement for a class?

If so what class? _____

What school do you attend? _____

Name of your instructor? _____

Why are you interested in volunteering at Hope's Home?

What do you want to get out of this experience?

Is there anything specific you are hoping to learn?



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What age group would you prefer to spend time with?

- Babies
- Toddlers
- Preschool/School age
- No preference
- Interested in spending time with all age groups

Which area/s of volunteering would be of most interest to you?

- Activities with children
- Cleaning
- Field trips/outings
- Fundraising
- Office work
- Event volunteer (servers, bartenders, setup/breakdown)

Any other questions, concerns or comments?
