



Volunteer Application

The information requested in this application will be used only for the purpose of determining suitability as a volunteer. All information will be held in confidence.

Personal Information			
<i>Please print all information requested.</i>			
Full Name			
Street Address			
City, State, Zip			
Email		SSN #	
Main Contact Phone		Date of Birth	
Driver's License Number		State/Expires	
If less than 1 year at above address please list prior address			
Current Work Status	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student		
Previous volunteer experience?			
What are you hoping to get out of your volunteer experience?			
Do you speak any additional languages?			

In order to participate as a volunteer at Operation HOPE Vista, your agreement to the following items is required. Please initial before each item to indicate your voluntary agreement.

- _____ I understand and agree that by submitting this application, I am authorizing Operation HOPE-Vista to make inquiries concerning my suitability as a volunteer, including a check for any past criminal record.
- _____ I will participate in a total of 2 training hours.
- _____ I understand that the information regarding all cases is confidential and may not be discussed outside the agency.
- _____ Any breach in confidentiality will result in immediate termination from the program.



Volunteer Information	
<i>Please print all information requested.</i>	
How did you hear about Operation HOPE-Vista?	
Do you have specific experience or skills that you want to share with Operation HOPE-Vista?	
What would like to get out of your volunteer experience?	
Do you have any limitations or special needs?	

Which volunteer positions do you think you would be most interested in (check all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Reception Zone | <input type="checkbox"/> Homework Club |
| <input type="checkbox"/> Kids Program | <input type="checkbox"/> Culinary Zone |
| <input type="checkbox"/> Overnight Superhero | <input type="checkbox"/> Administrative Crusader |
| <input type="checkbox"/> In-Kind Donation Team | <input type="checkbox"/> Rainy Day Standby Squad |
| <input type="checkbox"/> Team Pony Express | <input type="checkbox"/> IT Superhero |
| <input type="checkbox"/> Social Media Guru | <input type="checkbox"/> Fix-It Superhero |
| <input type="checkbox"/> Share your expertise by presenting an educational program to adults and/or children | |

The topic(s) I would present are:

Which days are you available to volunteer?

- | | | | | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings | <input type="checkbox"/> Overnight | | | |

Emergency Contact Information			
<i>Please print all information requested.</i>			
Contact Name		Relationship	
Phone Number		Second Number	
Do you have any medical issues we should be aware of?			
Are you taking any medications we should know about?			



Background Check Information	
<i>Acceptance into our volunteer program is contingent upon background/reference checks.</i>	
Excluding minor traffic violations, have you ever been convicted of or pled guilty to a crime, or received a deferred sentence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe (a conviction will not necessarily preclude you from volunteering). This is a confidential application. The information you provide will be used by the Volunteer Coordinator for the sole purpose of the volunteer screening process. All information provided will be kept confidential. Please answer all questions as completely and candidly as possible	
Have you ever been a client of Operation HOPE Vista?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What dates were you a client?	
Authorization	____I do____do not authorize you to contact my employer and references

I certify that all statements I have made on this application are true and correct. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application will be sufficient grounds for rejection of volunteering and my discharge after volunteering.

I understand that I am working at all times on a volunteer basis, without monetary compensation or benefits, and not paid as an employee. As an Operation HOPE-Vista volunteer, I give Operation HOPE- Vista permission to use any photographs or videos made of me during my service without obligation or compensation to me. I understand that Operation HOPE Vista reserves the right to end my volunteer services at any time.

Signed: _____ Date: _____

Printed Name: _____

☐ You may request a free copy of any investigative consumer report we obtain on you by checking this box.

We will be obtaining a criminal history report from Intellicorp. You have the right to request from them, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view their file maintained on you by Intellicorp during normal business hours. You may also obtain a copy of their file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.