
Volunteer Application



Placing Hope In A
Child's Future

*"Seek Justice. Encourage the oppressed.
Defend the cause of the fatherless..."
Isaiah 1:17*

Thank you for completing this packet. Information provided will be kept confidential. We look forward to working with you. Please return the completed packet via e-mail or return it to the Place of Hope office and save a copy for your records.

*Place of Hope
9078 Isaiah Lane
Palm Beach Gardens, FL 33418
Email: Engage@placeofhope.com
Phone Number: 561-775-7195*

General Information

First Name:

Last Name:

Title: Dr. Mr. Mrs. Ms. Other:

Gender: M F

Date of Birth:

Contact Info

Home Phone:

Cell Phone:

Email:

Preferred Contact: Phone E-mail
Ok to text? Yes No

Emergency Contact:

Relationship:

Emergency Contact Phone:

Address History for Past Five Years

Current Address:

City: State: Zip Code:

Previous Address:

City: State: Zip Code:

Previous Address:

City: State: Zip Code:

If Applicable

Occupation: Status: Full-Time Part-Time Student

Place of Employment: Type of Business:

Business Address: Business Phone:

With which program(s) and/or departments are you interested in volunteering?

- Maternity Home (Palm Beach Gardens/Lake Park)
- Neighborhood-Style Foster Care – under 18 (Palm Beach Gardens & West Palm Beach)
- Villages of Hope – Supportive Housing for Young Adults and Single Mothers 18+ (Lake Park & Boca Raton)
- Advancement & Fundraising (any campus)
- Education & Enrichment (any campus)

In what area are you interested in volunteering?

- | | |
|--|--|
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Meals/Cooking |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Special Event Help |
| <input type="checkbox"/> Property Maintenance/Handyman | <input type="checkbox"/> Music/Arts Lessons/Activities |
| <input type="checkbox"/> Housekeeping/Cleaning | <input type="checkbox"/> Health & Fitness |
| <input type="checkbox"/> Other: | |

Please indicate your specific volunteer interest(s):

If you are looking to volunteer directly with children, do you have age or gender preferences?

What is your general availability?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Mornings |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Midday |
| <input type="checkbox"/> Flexible Schedule | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Other: | |

Have you volunteered with Place of Hope in the past?

- Yes No

Personal Information

The integrity and quality of care we provide to our kids is a top priority. To help us ensure we are providing the best care possible to our kids, please provide us with two non-family personal references that you have known for a minimum of two years.

Reference 1

Name:

Primary Phone:

Email:

Relationship:

Number of years known:

Reference 2

Name:

Primary Phone:

Email:

Relationship:

Number of years known:

Please list any training, education, licensing, or certifications that could help you in volunteering. Please include First Aid/CPR, lifeguard, CPI, etc. *This is not a pre-requisite for volunteer approval.*

Please list any hobbies, special interests, or talents:

How did you hear about us and become interested in volunteering?

Confidentiality Statement

As a volunteer, I understand that I will not reveal any confidential information learned or obtained while fulfilling agreed functions. I also agree to represent this organization with the highest degree of integrity, professionalism, and honesty at all times.

Volunteers/Visitors

I, the undersigned, understand and agree to all terms of confidentiality set forth in this agreement, upon entrance to and visitation of Place of Hope, Inc. and its programs, participants, and staff:

- All information learned by me, either oral or written, shall remain confidential and is regarded as confidential information subject to State and Federal laws that protect the rights and privileges of clients and client information in licensed facilities.
- All information regarding any client, including any group participation and information shared, is confidential and should only be shared with Place of Hope, Inc. staff or those deemed appropriate by the Place of Hope, Inc. administration for the purpose of fulfilling responsibilities directly related to my visit or contact. Any discussions outside of this responsibility, or that which is authorized by State and Federal law, will be deemed a Breach of Confidentiality.
- A Breach of Confidentiality may result in dismissal of privileges for further visitation or contact with Place of Hope, Inc., its programs, participants, and staff. I will also be subject to State and Federal regulations and law, which could include fines and/or imprisonment to include additional reporting to appropriate professional licensing boards and authorities.

I have read, understood, and agree to comply with this statement. If I submit this form online, I understand that I may be asked to provide my signature at a later date.

Print name:

Agency (If Applicable):

Address:

Signature:

City, State, Zip:

Witness:

Phone number:

Date: