



## VOLUNTEER APPLICATION

**Personal Information:**

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Last Name                  First Name                  M.I.                  Date of Birth

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Street Address    City                  State                  Zip

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Email Address    Home Phone                  Cell Phone

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Emergency Contact Name & Phone Number

Have you ever been convicted of or pled no contest to a felony within the past five years?

Yes                   No

If **yes**, please explain (attach additional sheets if necessary): \_\_\_\_\_

**Availability:** Please list below the days and times that you are available to volunteer for the HOPE Program. (NOTE: Schedules can be flexible based on volunteer and/or clinic needs.)

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When are you available to begin volunteering? \_\_\_\_\_