



Volunteer Application.

GENERAL INFORMATION

Name _____
Last First Middle Initial

Address _____
Street City State Zip Code

Phone (home) _____ (cell) _____

Email _____ DOB _____

Have you lived within the Commonwealth of Pennsylvania for the last 10 years? Y or N
Are you Bilingual? Y or N What language(s) do you speak fluently? _____
Valid driver's license? Y or N (Volunteers must provide their own transportation.)

IMPORTANT! 24/7 house coverage is mandatory. Please plan to be reliable and punctual if you plan to work as weekend staff or provide house coverage. In the event of an emergency/bad weather, be aware that your shift must be covered in your absence. **If you are unsure of driving in winter conditions, please refrain from signing up for house coverage during the winter season.** Thank you for understanding.

Red Cross CPR Certification - Required of all paid staff who work a minimum of 12 full shifts (24 hour periods) per year or the equivalent. Certification must be completed within three months of hire date.

Clearances - required every 5 years Visit **KeepKidsSafe.pa.gov** go to "Get a Clearance" page.

1. Do you have a Criminal Background Check: Yes or No
Free for volunteers (<https://epatch.state.pa.us/Home.jsp>)

2. Do you have a Child Abuse Clearance: Yes or No
Free for volunteers (www.compass.state.pa.us/swis/public/home)

3. Do you have FBI Fingerprinting: Yes or No (<https://uenroll.identogo.com>) Only required if you are a volunteer working directly with women and children and are a resident of PA less than 10 years. Enroll online and report to site listed for digital fingerprinting, results can take 2 weeks.

Previous Volunteer Experience(s)

Organization _____ Dates of service from _____ to _____
Position/Duties _____

Address _____
Phone: _____ Supervisor's Name _____

Education

High School: Years completed (circle) 1 2 3 4 or GED
School's name _____
College/Vocational School: Years completed (circle) 1 2 3 4 5 6 7
School's Name _____
Brief description of training or degree _____

Employment

Employer _____ Dates of Employment from _____ to _____
Address _____
Position/Duties _____
Supervisor _____ Telephone _____

Employer _____ Dates of Employment from _____ to _____
Address _____
Position/Duties _____
Supervisor _____ Telephone _____

Additional Information:

What is your reason for volunteering here?

Are you a Christian? Yes or No
If so, how long have you been a Christian? _____
As a Christian, what is the basis for your salvation? _____

Do you attend a church? Yes or No
Name of church _____
Positions in which you served _____

Hannah's Hope is a life affirming ministry. We believe that our faith in Jesus Christ is key to empowering, enabling and motivating us to provide the services of care, restoration, and transformation to the women and children we serve and our greater community.

Please provide a brief statement about how your faith affects your volunteer work.

References

Please list a minimum of 3 persons who are not related to you and who have known you for a minimum of 2 years

Name _____ Address _____ Ph# _____ Relationship _____ Yrs Known _____

1. _____

2. _____

3. _____

4. _____

You will receive the following forms

_____ Disclosure Statement (sign and return)

_____ Volunteer Agreement and Promise of Confidentiality (sign and return)

_____ Program Brochure (keep)

_____ Volunteer Opportunities (keep)

_____ Volunteer Guidelines/Child Protective Procedures/Missions statement (keep)

_____ Volunteer Application (complete and return)

_____ Volunteer Verification Form 10yr Residency (sign and return) or FBI Clearance

_____ Parental Consent Form (sign and return)

_____ PA Criminal Background Check (provide copy)

_____ Child Abuse History (Provide Copy)

_____ W-4 (sign and return - staff only) / copy of driver's license

_____ Staff Contacts (keep)

_____ FAQ's Weekend Staff/Volunteers (staff only - keep)

_____ Emergency Procedures(keep)

_____ Hannah's Hope Resident Handbook (staff only - keep)

