



# 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](http://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. \_\_\_\_\_

## Volunteer Forms/Clearances

\_\_\_\_\_ Disclosure Statement (sign and return)

\_\_\_\_\_ Volunteer Agreement and Promise of Confidentiality (sign and return)

\_\_\_\_\_ Volunteer Application (complete and return)

\_\_\_\_\_ PA Criminal Background Check (apply and provide copy)

\_\_\_\_\_ Child Abuse History (apply and provide copy)

\_\_\_\_\_ Volunteer Verification Form 10yr Residency (sign and return) or FBI Clearance (apply and provide copy)

\_\_\_\_\_ Parental Consent Form (sign and return if applicable)

\_\_\_\_\_ Volunteer Opportunities (keep)

\_\_\_\_\_ Volunteer Guidelines/Child Protective Procedures/Missions statement (keep)

\_\_\_\_\_ Program Brochure (keep)

## Weekend Staff

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

\_\_\_\_\_ Staff Contacts (keep)

\_\_\_\_\_ Policy and Procedures for Hannah's Hope (weekend staff only - keep)

\_\_\_\_\_ Emergency Procedures( keep)

