



Community Resources Inc.

540 W. International Airport Road
Anchorage, Alaska 99518-1110
(907) 561-5335 Fax (907) 564-7429

VOLUNTEER APPLICATION

The mission of Hope Community Resources, Inc., shall be to provide services and supports, requested and designed by individuals and families who experience disabilities, resulting in choice, control, family preservation and community inclusion.

PERSONAL DATA

Date	Emergency Contact (Name and Telephone Number)	Current Occupation	Age
Last Name	First Name	Middle	Date of last tine test or chest x-ray and results
Address	City	State	ZIP
E-mail Address:			Home Phone: _____ Message/Cell Phone: _____
Availability: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Monday <input type="checkbox"/> Friday <input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday <input type="checkbox"/> Wednesday <input type="checkbox"/> Sunday <input type="checkbox"/> Thursday			Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have the legal right to live and work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you wish to make a commitment?: _____ If so, for how long?: _____
			Visa Type: _____ Number: _____ Expiration Date: _____

VOLUNTEER INTERESTS

Direct assistance with residents:

<input type="checkbox"/> Daily Living Skills	<input type="checkbox"/> Cooking & Baking	<input type="checkbox"/> Reading	<input type="checkbox"/> Self-Advocacy
<input type="checkbox"/> Sign Language	<input type="checkbox"/> Mobility	<input type="checkbox"/> Music	<input type="checkbox"/> Transportation
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Parent Relief (for Foster Parents)		
<input type="checkbox"/> Playing with residents (to develop sensory/motor skills)		<input type="checkbox"/> Outings (trips to shows, church, social functions)	
<input type="checkbox"/> Other (explain): _____			

***Note: If you are interested in volunteering in our assisted living homes, you must be at least 16 years old.**

Assist with programs:

<input type="checkbox"/> Walk & Roll for Hope	<input type="checkbox"/> Other Fund Raising Activities	<input type="checkbox"/> Community Education
<input type="checkbox"/> Clerical Assistance	<input type="checkbox"/> Landscaping, Gardening	<input type="checkbox"/> Mending, Sewing
<input type="checkbox"/> Inventory	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Library
<input type="checkbox"/> Publicity	<input type="checkbox"/> Recruiting Volunteers	
<input type="checkbox"/> Other (explain): _____		

Are you related to anyone presently employed or volunteers at Hope? _____ If yes, to whom? _____

Have you ever worked/volunteered at any time in the past with this agency? Yes No If yes, when? _____

How did you learn about our agency?

<input type="checkbox"/> Hotline	<input type="checkbox"/> Job Services	<input type="checkbox"/> Friend	<input type="checkbox"/> Job/Career Fair
<input type="checkbox"/> Newspaper	<input type="checkbox"/> University	<input type="checkbox"/> Internet	<input type="checkbox"/> Hope Employee
<input type="checkbox"/> Website	<input type="checkbox"/> Other: _____		

EDUCATIONAL/PROFESSIONAL INFORMATION

Schools	Name of School / Address	Course of Study	Dates Attended From To	GED, Degree or Highest Grade Completed
High School				
College or University				
Graduate School				
Business or Trade School				

Have you ever worked with a developmentally disabled person before? If yes, please explain: **(Student Volunteers, please attach your curriculum vitae)**

Age group with whom you would like to work::

- Children, 5 - 12
 Teenage, 13 - 18
 Adult 18+
 Severly developmentally/physically disabled

Why do you want to volunteer at Hope? What is your purpose?

What do you wish to gain from your experiences with Hope? (What are your expectations?):

PERSONAL/PROFESSIONAL REFERENCES

List three references who are not former employers or relatives: (i.e., teachers, pastors etc.)

Name	Address	Contact Phone (with area code)
1.		
2.		
3.		

List any significant skills, certificates, licenses, honors, professional affiliations (Sign Language, teaching certificate, etc.) and office equipment you can operate which may be applicable to different volunteer opportunities:

Driver's License Number: _____ State Issued: _____ Expiration Date: _____

- Criminal History received. **All volunteers working in a home or directly with an individual must have a criminal history check.**
 Fingerprints received. **All volunteers working in a home or directly with an individual must be fingerprinted.**

(Applicant's Signature)

(Date)