

**LAMP OF HOPE MINISTRIES**  
**VOLUNTEER APPLICATION FORM**

**SECTION I**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**SECTION II**

Previous Volunteer Experience \_\_\_\_\_  
\_\_\_\_\_

Occupation (Past occupation if retired): \_\_\_\_\_

Other information that will help us make a good match (such as education, general interests/hobbies) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Languages Spoken: \_\_\_\_\_

**SECTION III**

Availability and Volunteer Assignment Preferences

*Please Check All That Are Applicable:*

I Am Available     Mornings (Mon-Fri)     Afternoons (Mon-Fri)     Evenings (Mon-Fri)  
                          Weekends                       Once A Week                       More Than Once A Week  
                          One Time Only                       As Needed                       OTHER

I Could Serve More Than One Person:     Yes     No

**SECTION IV**

Do You Have A Valid (State) Driver's License?     Yes     No

License Number: \_\_\_\_\_ Vehicle License Plate Number \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Have You Ever Been Convicted For Violation Of Any Laws, Traffic Or Otherwise?     Yes     No

If Yes, Please Explain: \_\_\_\_\_

Do You Have Any Physical Condition that May Limit Your Activities?     Yes     No

If Yes, Describe: \_\_\_\_\_

Who To Notify In Case Of An Emergency? \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check.*

\_\_\_\_\_  
Signature Of Applicant

\_\_\_\_\_  
Date