



Hope Center Houston Volunteer Application

821 Peakwood Drive
Houston, TX 77090
(832) 965-5511
hopecenterhouston.org

Name: (LAST) (FIRST) (MIDDLE)			Date:			
Address:		City:		State:		Zip:
Email:			Phone 1:			
			Phone 2:			
Emergency Contact:		Relationship:		Phone:		
Emergency Instructions/Needs:						
If time does not permit, I give my consent for Hope Center Houston staff to obtain emergency medical treatment required for my immediate care.						Initials:
Describe any special skills, training, hobbies, or interests you feel would benefit our organization.						
How did you hear about Hope Center Houston?						
Why do you want to become an HCH volunteer?						
Employment Experience: (Briefly describe)?						
Have you been fully vaccinated for COVID-19? Y or N Are you willing to provide proof of the same? Y or N						
What times are you available to volunteer?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Are you 18 years of age, or older? Y or N						
Except for minor traffic violations, have you ever been convicted of a felony or misdemeanor, criminal offense? Y or N (If yes, please explain)			(Explanation)			
Please list two, non-relatives as references, who know your qualities and experiences:	Name:		Name:			
	Email:		Email:			
	Phone:		Phone:			
Does your employer have an Employee Volunteer Program?						
If you are willing to list HCH as the recipient of the program, please list corporation name:						
For publicity purposes only, can your name and photo be used by Hope Center Houston? Y or N						

For Office Use Only							
Module:	References	COVID-19 Vax Card	Interview	Orientation	Shadow	Database	SignUp
Dates:							
Notes							