



[hopesafehouse@gmail.com](mailto:hopesafehouse@gmail.com) [www.hopesafehouse.org](http://www.hopesafehouse.org) fax: 262-898-1596

**Office Use Only**

Recv'd \_\_\_\_\_ @ \_\_\_\_\_ am/pm  
via \_\_\_\_\_

Approved / Declined / Incomplete

Entered into Trackabeast \_\_\_\_\_

**Volunteer Application**

Date \_\_\_\_\_ Time \_\_\_\_\_

**Volunteer Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Nickname \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_

Driver's License # \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit# \_\_\_\_\_

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

Rent \_\_\_\_\_ or Own \_\_\_\_\_

Length of time at current residence \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

**Guardian Information (REQUIRED for minor applicants)\***

First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_

Driver's License # \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship with APPLICANT \_\_\_\_\_

**\*Guardian must attend all volunteer activities with minor volunteer (on & off site, in office, etc).**

**Emergency Contact Information**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**How would you like to volunteer for H.O.P.E.?**  
**(Check all that apply)**

\_\_\_\_\_ **H.O.P.E. office**

\_\_\_\_\_ Caring for cats

\_\_\_\_\_ Data Entry

\_\_\_\_\_ Filing / shredding

\_\_\_\_\_ Phone calls

\_\_\_\_\_ Special projects

\_\_\_\_\_ Fundraising

\_\_\_\_\_ IT (problem resolution, etc)

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ **Offsite**

\_\_\_\_\_ Table events (e.g. Petco, Havahart, etc)

\_\_\_\_\_ Fundraising and/or Special Events (events vary)

\_\_\_\_\_ Transporting Animals

\_\_\_\_\_ At Home

**Skills/Interests/Previous Volunteer Experience** *that would enable to help you in the areas indicated above:*

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**What days, times and hours are you available?**

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**Acknowledgement and Signature:**

I certify that all information I have given on this application is true. I understand that any false information, unanswered questions or omitted information may result in rejection.

*I understand that while volunteering with / for H.O.P.E. Safehouse, Inc. that H.O.P.E. Safehouse is not responsible for any accident or injury that may occur. I also understand that I am a volunteer and will not receive any compensation for my services contributed. I further understand that I may be able to claim mileage and / or expenses for my volunteerism on my taxes and should consult my tax advisor for more information.*

Signature \_\_\_\_\_ Date \_\_\_\_\_ Guardian: \_\_\_\_\_ Date \_\_\_\_\_

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**Verified:** Card: \_\_\_\_\_ File: \_\_\_\_\_

**CCAP:** Date/Initials: \_\_\_\_\_

**Notes:** \_\_\_\_\_