



HOPE  
—healthcare services—

HOPE HEALTHCARE SERVICES

## VOLUNTEER APPLICATION – STUDENT

107 Park Place Blvd., Avon IN 46123 Phone: 317.272.0708 – Fax: 317.272.0918–  
[www.myhopehealth.org](http://www.myhopehealth.org)

Thank you for your interest in becoming a volunteer at Hope Healthcare Services. We want to make it as easy as possible for you to serve as a volunteer. Recognizing our high responsibility to our patients, we require that all who will be working with our patients either directly or indirectly undergo a background check and be able to sign our Statement of Faith as well as a Confidentiality Statement. *Volunteers are considered without regard to age, ancestry, race, gender, color, disability or national origin. All information provided will remain confidential.* For detailed information regarding current volunteer opportunities, please email us at [jpm@kingswaycarecenter.org](mailto:jpm@kingswaycarecenter.org) or visit our website at [www.myhopehealth.org](http://www.myhopehealth.org)

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact (ie, phone, email, txt) \_\_\_\_\_

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

### TYPE OF VOLUNTEER WORK PREFERRED: (mark all that apply)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Spiritual Support   | <input type="checkbox"/> Receptionist/Clerical | <input type="checkbox"/> Hospitality               | <input type="checkbox"/> Landscaping/Grounds  |
| <input type="checkbox"/> Filing/Organization | <input type="checkbox"/> Data Entry            | <input type="checkbox"/> Fundraising/Grant Writing | <input type="checkbox"/> Cleaning/Maintenance |
| <input type="checkbox"/> Meal Provider       | <input type="checkbox"/> IT – Computer Tech    | <input type="checkbox"/> Special Events            | <input type="checkbox"/> Construction-General |
| <input type="checkbox"/> Other _____         |  |  |   |

**AVAILABILITY:** Please indicate availability Example: 9 AM-11 AM

Morning	Afternoon	Morning	Afternoon
Monday		Thursday	
Tuesday		Friday	
Wednesday			

Regular Volunteer Schedule  On-Call - As needed

### EMERGENCY CONTACT:

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

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