**VOLUNTEER APPLICATION**

**Name Date \_\_\_\_\_**

**Address**

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

**E-mail Address Phone/Cell**

**D.O.B**

**If under 18, name of parent/guardian accompanying**

**Occupation**

**How did you hear about SPARC Hope?**

**What type of volunteer work have you done before, if any?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Explain what it was and what you enjoyed most about the experience?**

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**What did you like the least about previous volunteer experiences? *(i.e., answering the phone, emptying the garbage)***

**Special skills or qualifications:**

**Special skills or qualifications can be acquired through employment, previous volunteer work, or other activities like hobbies or sports. What skills or qualities do you have as a volunteer?**

**How often would you like to volunteer?**

* On a regular basis (*daily, weekly, monthly*)
* Occasionally (*special occasions, events*)

**Between 9am-5pm, are you available for volunteer assignments?**

* \_\_\_\_:\_\_\_\_ to \_\_\_:\_\_\_ Monday
* \_\_\_\_:\_\_\_\_ to \_\_\_:\_\_\_ Tuesday
* \_\_\_\_:\_\_\_\_ to \_\_\_:\_\_\_ Wednesday
* \_\_\_\_:\_\_\_\_ to \_\_\_:\_\_\_ Thursday

**Nights/Weekends and Committee assignments are limited. Please call our office or email** [**mary@sparc-hope.org**](mailto:mary@sparc-hope.org) **to see when assignments are available.**

**In which areas are you best suited to volunteer? Training is mandatory before working from home etc.**

* Office/Clerical
* Food Pantry/Dare to Care Pickup
* Event Teams (i.e. fundraisers, restaurant nights)
* Special Programs (i.e. Holiday baskets, Back to school)
* Research, i.e. resources, incentives, grants (*Can be done from home)*
* Housekeeping
* Consignment Coordination with consignment shop partners
* Landscaping
* Light maintenance
* Life Bridge (shop for Parents Needs List the 2nd Thursday each month)
* Community Engagement

**Will you require any special accommodations per the Americans with Disabilities Act? Yes \_\_\_ No\_\_\_**

*I give SPARC Hope permission to verify any and all information submitted.*

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Signature Required