



11921 Brinley Avenue * Louisville, KY 40243
Phone: 502-245-9899 * Fax: 502-245-5796 * <https://www.sparc-hope.org/>

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?

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



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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 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

We are a 501 (c)(3) Non-Profit Organization
Changing the future of Kentuckiana's kids, one parent at a time.

Revised 10/23



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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.

Signature Required

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