## Bring Hope Volunteer Application

400 Ramapo Avenue, Pompton Lakes, NJ 07442

Te. (973)858-8163 Emial. Info@Bringhope.ong

VOLUNTEER'S GENERAL INFORMATION			
Name:	Date of Birth:	Driver's License Number:	
Address:			
Address.			
Phone Number(s):			
Email Address			
Preferred Method of Contact: [ ] Phone [ ] Email			
EMERGENO	CY CONTACT		
Name:	Phone:		
Relationship:			
EVENT DETAILS			
Event Name:	Event Date:		
Event Address:			
ABOUT THE	VOLUNTEER		
Have you volunteered before? Please describe.			
Why are you interested in volunteering with this organization?			
Are you affiliated with any community organizations or clubs? If so, please explain			
Describe any special skills, talents, secondary languages, or hobbies you may have.			
Who is your current employer (if applicable)?			
What is your highest level of education?			

Please list any certifications (First Aid and CPR) you may have along with the dates of certification and expiration of the same:			
Do you have any prior criminal convictions or offenses? If so, please	describe		
Do you have any prior eriminal convictions of orienses: If so, piease	describe.		
	TION PREFERENCES		
Please list your volunteer position preference(s):			
How many hours and days are you available for volunteer work?			
What training, experience, or skills do you have that may be related to the volunteer position desired?			
PHYSICAL L	IMITATIONS		
Please list any physical limitations you may have:			
REFER	RENCES		
Name:	Phone:		
	1 Holic.		
Relationship			
Name:	Phone:		
Relationship:			
MISCELI	LANEOUS		
What is your T-Shirt size?			
How did you hear about us?			
now that you near about us:			

## **Volunteer Agreement**

Medical Treatment. I hereby release and forever discharge	from any
claim whatsoever which may arise in relation to any treatment, first aid, or service rendered activities with	with my
<b>Insurance.</b> I understand that does not maintain or carry health, or disability insurance coverage to any volunteer. Every volunteer is expected to attain medical or health insurance.	medical, their own
<b>Fitness.</b> I certify that I am physically, mentally, and emotionally fit to perform the volunteer ac assigned as part of the above-referenced event.	tivities as
If you are under the age of eighteen (18) years old a parent or legal guardian must sign below.	
I hereby agree that my answers to this event volunteer agreement are true and correct as of the date below and that I have not knowingly or willingly left out any fact or circumstance that disclosed, adversely impact my application. I understand that any false information submitted application may result in my removal as a volunteer for abide by all rules, regulations, policies, and procedures set by	t would if I with this I agree to
guidelines.	5
Date:	
Applicant's Signature	
For applicants under the age of eighteen (18), the undersigned parent or legal guardian of the minor consents to the applicant submitting this event volunteer application and volunteering as described above.	volunteer
Parent or Legal Guardian's Signature  Date:	