



Please print application, complete, and fax to
(780) 426-7507, Attention: Volunteer Department.

Administration Office
9908 106th Ave. Edmonton, AB
Phone: (780) 422-2018 ext 241
Fax: (780) 426-7507
Email: andrewy@hopemission.com

Hope Mission Volunteer Application

Personal Information

Date of Application: _____

Name: _____ Date of Birth:(mm/dd) _____

Address: _____ Phone: _____

City/Prov: _____ Work: _____

Post Code: _____ E-mail Address: _____

How did you hear about Hope Mission? _____

Have you ever volunteered with Hope Mission before? Yes ___ No ___

If yes, in which program/service? _____

Duration of Service: _____

Start date: _____

Resignation date: _____

Do you have other previous volunteer experience? Yes ___ No ___

If yes, please provide names of Agencies and describe jobs held: _____

Do you currently volunteer with another community agency? Yes ___ No ___

Employment Status and History

Are you legally entitled to work in Canada? Yes ___ No ___

If no, please explain: _____

Name of current employer (if applicable): _____

Position: _____

Education History

High School graduate? Yes No Or grade completion?

Degree/Certificate(s) Discipline Date completed Institution

1. _____

2. _____

Skills/Interests

What skills, interests or hobbies will you bring as a volunteer?

Are you fluent or do you have a working knowledge in another language? Yes___ No___

Please identify:_____

Commitment

Have you recently spoken with a Hope Mission staff person about a potential volunteer placement? Yes___ No___

Please identify the staff person/program?_____

Why are you choosing to volunteer at this time?

What are your expectations?

Indicate (circle) the service area(s) you are interested in for volunteer placement:

Child/Youth Ministry

Kids In Action/Support worker, Skate Park supervision, Life-skills workshops

Special Events

Holiday meals, Fundraising events

Men's Ministry

Kitchen services, laundry services, Intake Assistant

Outreach

Evening chapel services

Administration Support

Data input, Front office

Weekend Work Teams

Painting, Cleaning, Construction & Repair

Other (Describe):_____

Commitment Time

What length of time can you contribute? 3Months?___ 6months?___ Other___

(Circle day(s) & time availability) Mon Tue Wed Thu Fri Sat Sun

Morning Afternoon Evening

Transportation

Do you have a valid Alberta Driver's License and your own vehicle?

Yes ___ No ___

Medical

Are there physical or medical or mental health concerns we should be aware of? Yes No

If yes please explain: _____

Religion

Do you attend church? Yes ___ No ___

If yes, what is the name of your church? _____

Does your desire to volunteer with Hope Mission spring from any religious or faith conviction? Yes ___ No ___

If yes, please explain: _____

Is there any other information you would like us to consider when reviewing your application? _____

Are you related to any staff person or board member of Hope Mission? Yes ___ No ___

If yes, please specify name: _____

References

Please list three people who we can contact for references. (No family members please)

(Pastors or church leaders, employers, teachers, volunteer organizations)

Name

Relationship

Phone

1. _____

2. _____

3. _____

Emergency Contact

In the event of a personal or medical emergency, while performing volunteer service, who should we contact?

Name: _____ Phone: _____

I understand that if my behavior is at any time inappropriate and opposed to Hope Mission's values and ministry, Hope Mission will be entitled to terminate my assistance without expressed cause or prior notice.

I understand that Hope Mission is responsible for the welfare of any person or persons entrusted to my care, and thus I will cooperate fully with the staff in the fulfillment of my duties and, in my role as a volunteer, I will keep all personal information I encounter confidential. If at any time I find that for any reason I am unable to support the policies, code of conduct, values, or statement of faith of Hope Mission, I will gracefully resign my volunteer position.

I am willing to complete a Police Service Volunteer Security Clearance and/or a Child Welfare Clearance Check.

I hereby certify that the statements made by me in this application are true and complete to the best of my knowledge.

I give my permission for Hope Mission to contact the references provided by me.

I understand and agree that a false statement may disqualify or dismiss me from volunteer service.

Volunteer Signature: _____

Date: _____

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