



Volunteer Request Form

New Hope Family Services

Thank you for your interest in volunteering at New Hope Family Services. Your request will be reviewed, and you may be contacted if there are opportunities available. Volunteers may be required to sign New Hope's Statement of Faith.

Date: _____

Contact Information

Full Name: _____

Date of Birth: _____

Contact Phone: _____

Email: _____

Address: _____

Volunteer Opportunities

please check which opportunities you are most interested in

_____ **Client Advocate:** Peer counseling (training and references required)

_____ **Care Corner:** Sort, organize, and stock baby items in our Care Corner

_____ **General Office:** Labeling, shredding, copying, and other clerical tasks as needed

_____ **Handyperson:** Minor repairs and small projects as needed

_____ **Representative:** Represent agency at community events through giving info about services

_____ **Child Care:** Assist in child care during events/classes (references and clearances required)

_____ **Other:**

Additional Information

1. How often are you hoping to volunteer? ____weekly ____bi-weekly ____monthly ____as needed

2. Do you regularly attend a local church? If yes, which one? _____

3. Describe why are you hoping to volunteer at New Hope: _____

4. We are seeking volunteers who demonstrate a commitment to following Christ, a willingness to show compassion to those in crisis, and a belief in the sanctity of human life. Please describe the how you demonstrate these values: _____
