



Sharing Christ's love by meeting human needs

Adult Volunteer Application Form

Thank you for your interest in our volunteer opportunities. New Hope is a community-based, Christian social service agency sharing the love and hope found in Christ by meeting the needs of individuals and families in our local communities. If you provide an email address, you will receive a volunteer handbook and additional instructions within one business day after your application is received.

Please return applications to:
Tammie Gitt, Volunteer Coordinator
New Hope Ministries
211 S. Baltimore St.
Dillsburg, PA 17019

Tell us about yourself

If you wish to volunteer as a family, please list an adult as the contact and circle group below.

First name _____

Last Name _____

Middle name _____

Street 1 _____

Street 2 _____

City _____

State _____ Zip Code _____

Home Phone _____ OK to call me here

Work Phone _____ OK to call me here

Cell Phone _____ OK to call me here

Birthday _____ Gender _____ Church _____

Circle one:

Individual

Group

What activities and organizations are you involved with in the community?

Tell us how you heard about New Hope Ministries

Please tell us about any other important considerations concerning your volunteer work. This could include accommodations for a disability, allergies, physical restrictions, criminal history, etc.

Availability: Please indicate which days you are normally available to volunteer

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assignment preference (circle neatly all that apply)

Administrative Food Programs Fundraising Warehouse

Special Events Stability Programs Warehouse Summer and afterschool programs

Preferred ministry location (circle neatly all that apply)

Dillsburg Dover Mechanicsburg Hanover Executive office

Mobile Food Programs Summer and afterschool

Emergency Contact

Name _____

Home phone _____ Work phone _____

Cell phone _____ Relationship _____

Community service requirements

If you need to complete community service hours, please indicate the number of hours that must be completed along with the date by which they must be completed.

I Agree

PHOTO RELEASE: I give my voluntary permission to New Hope Ministries to use either photographs, video recordings, or my story for publication in fundraising and/or public relations efforts such as newsletters, brochures, newspaper articles, website, displays, films, etc. both physical and virtual in format. This voluntary agreement includes materials provided by me to taken by or behalf of New Hope Ministries and is totally without restriction regarding services received.

CONFIDENTIALITY AGREEMENT: As a condition of volunteering, I understand that I may have access to information regarding clients, donors, and proprietary business information; therefore I agree that I will not in any manner reveal or disclose information to any person outside of New Hope Ministries staff or volunteers during or after my term of service unless such information is specifically requested by and accompanied by a signed release.

I indicate to the best of my knowledge that the information contained in this application is complete and accurate. I understand that providing false information is grounds for not choosing me for a volunteer position. I also understand New Hope Ministries will be administering a background check, at no cost to me, using the above information I provided, for the safety of our clientele. I further understand negative results will not always preclude me from volunteering, but may affect the areas in which I may serve. New Hope Ministries holds all information obtained to be held in strict confidence.

Signature _____

Date _____