

# Increasing H.O.P.E. Financial Training Center Volunteer Application



<b>FOR OFFICE USE ONLY</b>
Station(s) _____
Assignment(s) _____
Date Assigned: ____/____/____
Computer Entry: ____/____/____
By: _____

Please print and complete all sections.  
Forms with original signatures are required for enrollment.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Age \_\_\_\_\_ (Optional)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you ever been convicted of a **criminal offense or misdemeanor**? Yes\_\_\_ No\_\_\_ **If Yes**, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.

Driver's License Number: (State)____ DL#: _____
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**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Please share with us your background. This will help us learn more about you!**

Employment \_\_\_\_\_  
Experience \_\_\_\_\_  
Special \_\_\_\_\_  
Skills/Interests/Languages \_\_\_\_\_  
Volunteer Experience (Current, Past, Preferred) \_\_\_\_\_  
\_\_\_\_\_

Days/Hours Available: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_  
Mornings \_\_\_ Afternoons \_\_\_ Special Events/Workshops \_\_\_\_\_

Do you require any special accommodations or have physical or medical considerations that may impact a volunteer assignment?

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**Please indicate if I-H.O.P.E. may have permission to use your likeness?**

I hereby grant I-H.O.P.E permission to use my likeness in photograph(s)/video(s) in all its publications or on the world wide web, whether now known or hereafter existing, controlled by AmeriCorps Seniors SDP into perpetuity. I will make no monetary or other claim against AmeriCorps Seniors SDP of I-H.O.P.E. for the use of these photograph(s)/video(s).

I do not give permission to use my likeness in photograph(s)/video(s) to I-H.O.P.E.

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**Certifications**

**By signing below, I acknowledge that I have read and understand the following statements:**

- I hereby state that I offer my services as a volunteer for the I-H.O.P.E. organization. I understand that I am not an employee of the organization. I understand that in my capacity as a Volunteer, I may encounter confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
  - I understand that if I use my personal automobile in my volunteer service, I will arrange to keep automobile liability insurance equal or greater to the minimum requirements of the state of \_\_\_\_\_. I will also keep in effect a valid [State] Driver's license.
  - As part of the process, I give permission to have a Sex Offender Background check, a criminal background check, and if legally required, a fingerprint background check. I understand this is due to the nature of protecting the beneficiaries of the grant whom I may be serving.
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**Volunteer Signature**

**Date**

**Staff Signature**

**Date**

**Equal Employment Agency** – I-H.O.P.E is an equal opportunity Agency. Enrollment is done without regard to race, color, national origin, gender, sexual orientation, religion, age, disability, political affiliation, marital or parental status, or military service. AmeriCorps Seniors SDP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodation to complete the application process, please contact (843) 225-4343.

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Return completed registration with Original Signatures to:

Increasing H.O.P.E Financial Training Center

8570 Rivers Ave, STE.120,

North Charleston, SC 29406

For Questions contact: (843)225-4343, Ext. 127 or email [sylvia@increasinghope.org](mailto:sylvia@increasinghope.org)

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The following information is optional and will not affect your enrollment with Increasing H.O.P.E Financial Training Center

1. Occasionally I-H.O.P.E may purchase volunteer recognition gifts for volunteers. Please share the size you would use on each item below.

2. Which would most to all that apply)	Item	Size	Item	Size	Item	Size	show of appreciation mean the you? (Check
	Jacket		T-Shirt		Hoodie		
	Sweatshirt		Hat		Collared Shirt		

Specially arranged meals <input type="checkbox"/>	Gifts <input type="checkbox"/>	Certificates <input type="checkbox"/>
Logo wear <input type="checkbox"/>	Being chosen as the volunteer of the month <input type="checkbox"/>	Being highlighted in the newsletter <input type="checkbox"/>
Other (Make suggestion)		

3. I-H.O.P.E. is often asked to provide demographic information pertaining to volunteer members. Please provide the following information (Optional).

Are you a Veteran? \_\_\_\_\_ Are you an active Military Member? \_\_\_\_\_

Are any of your family members actively serving in the military?

(Optional) Gender:

(Optional) Race/Ethnic Background:

\_\_\_\_ Male      \_\_\_\_ White      \_\_\_\_ Asian      \_\_\_\_ African American      \_\_\_\_ Hispanic/Latino

\_\_\_\_ Female      \_\_\_\_ American Indian/Alaska Native      \_\_\_\_ Pacific Islander      \_\_\_\_ Other

Thank you for the information you have provided. Your information is **never** sold, shared, or used outside of our organization or the Federal Government.