

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



FOR OFFICE USE ONLY

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 #: _____

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?

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.

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.

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.

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

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.

Item	Size	Item	Size	Item	Size
Jacket		T-Shirt		Hoodie	
Sweatshirt		Hat		Collared Shirt	

2. Which would most to all that apply) show of appreciation mean the you? (Check

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.