



# Spark 2 Hope: A Spark of Possibilities

## Volunteer Application

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

### **Thank you for your interest in our organization**

Name:

Address:

City:

State:

Zip:

Phone:

Email:

Employer:

Position:

Do you have relative(s) and or friend(s) employed by Spark 2 Hope? If yes, please specify

Name:

Job Title:

Relationship:

Have you volunteered at Spark2hope in the past? If yes, please list your volunteer role(s):

Why would you like to volunteer with Spark 2 Hope? What are some skills or experience that you would like to contribute and/or gain?

Any limitations we should know about?

## Emergency Contact

First Name: \*

Last Name: \*

Phone: \*

Email: \*

Relationship: \*

## References

*We contact references for all volunteer positions that work directly with clients. Work, volunteer, school, or personal references (excluding family members or spouse/partners) are acceptable. We contact references after a prospective volunteer attends an orientation. Two references are required.*

First Name: \*

Last Name: \*

Phone: \*

Email:\*

Relationship: \*

First Name: \*

Last Name: \*

Phone: \*

Email:\*

Relationship: \*

First Name: \*

Last Name: \*

Phone: \*

Email:\*

Relationship: \*

**Please tell us in which areas you are interested in volunteering**

- \_\_\_ Office Support
- \_\_\_ Events
- \_\_\_ Community Outreach
- \_\_\_ A Spark of Possibilities Board of Directors
- \_\_\_ Respite & Day Camp
- \_\_\_ Interpretation
- \_\_\_ Other

**Please indicate days and times available:**

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							

As a volunteer of our organization, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees, and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.

Signature:

Date:

A Spark of Possibilities  
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 763-260-0182  
 Email: info@spark2hope.org

