



Volunteer Application

(All information is confidential)

Name: _____

Street Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Employer: _____ Town: _____

Position Title: _____

How did you hear about New Hope?

Please explain why you are interested in becoming a Volunteer for New Hope:

Please check area(s) of particular interest (see descriptions on website):

SANE Advocate (on-call)

Event/Fundraising Help

Education & Outreach Tabling

Social Media Ambassador

Development/ Office Work



Do you have any physical limitations that we should be aware of?

Have you had any previous experience with domestic violence or sexual assault?

Do you have your own transportation? Yes _____ No _____

*Acceptance for a volunteer position will be contingent upon the results of a
Criminal Background Check (CORI, SORI, etc.)*

Signature of Applicant

Date

Please return completed application to: new-hope@new-hope.org