

We are an Equal Opportunity Employer and are committed to excellence through diversity .

Hope Health Alliance, Inc.

Volunteer Application

Please print or type in blue or black pen.

PERSONAL INFORMATION

Name (First, Last, MI) :

Mailing Address:

City:

State:

Zip:

Phone 1

Phone 2

Email

Are you a U.S. Citizen?

Yes

No

Why do you want to volunteer with the Hope Health Alliance / Dignity Center?

Education (High School/GED/College/Courses (If Any))

These questions are optional.

Have you completed High School or an equivalent program? If yes, where? YES NO

Have you attended or completed college or vocational training? If yes, where? YES NO

Work History (If Any)

If you have any work history please list the company and job title with a short description of your duties.

Certifications/Licenses (If Any)

If you have held or do hold a professional license or certification, please list the type and state where held.

I certify that my answers are true and complete to the best of my knowledge.

Signed: _____

Printed Name: _____