



HOPE HOLLOW
MINISTRIES

VOLUNTEER APPLICATION

NAME _____ AGE _____ DOB _____
ADDRESS _____ CITY _____ STATE _____
PHONE _____ EMAIL _____

I am interested in volunteering in the following area(s):

Summer Day Camp Overnight Retreat Therapeutic Horseback Riding
 Volunteer Nurse/Medical Professional Construction Fundraising
 Other _____

After consulting the Hope Hollow calendar, I am willing to volunteer for the following: _____

Church Member? _____ Where: _____

List any leadership responsibilities/community involvement: _____

List any hobbies: _____

List any special skills or spiritual gifts: _____

What 3 words would you use to describe yourself? _____

Why do you want to volunteer at Hope Hollow? _____

What, if any, camp experience do you have? Explain. _____

Have you ever been convicted of child abuse or sexual abuse offense? _____

Have you ever been convicted of a felony or misdemeanor? _____

Do you give permission for us to do a complete background check? _____

References: (not include family members)

Name _____ Phone _____
Address _____ City _____ State _____
Relationship _____

Name _____ Phone _____
Address _____ City _____ State _____
Relationship _____

Please read carefully:

It is assumed that anyone submitting a volunteer application will agree to the following terms of service.

1. This is a Christian ministry. As a volunteer member, you may be asked to be of service for all peoples. This will include not only the campers, but the parents, other staff and volunteers, visitors, etc.
2. Volunteers are expected to cooperate fully with the Hope Hollow Ministries staff. Volunteers are expected to work diligently at whatever tasks may be assigned.

I, _____, certify that the statements provided in this application are true and complete, and that any misrepresentation or omissions may be grounds for rejection of this application or for dismissal, if I am accepted by Hope Hollow Ministries. I further authorize you to contact any individual or organization listed in this application.

Signature

Date

Please mail completed application to: Hope Hollow Ministries, Volunteer App
PO Box 2247
Madison, MS 39130