

## Volunteer Application

### Personal Information

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ Birth Month / Day \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Alternate Phone Number/Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Communication preferences:  Home Phone  Cell Phone  Text  Email  Any

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about Love INC? \_\_\_\_\_

Have you ever been convicted of a felony?  No  Yes Describe: \_\_\_\_\_

### Church Information and Reference

Church Name \_\_\_\_\_ Denomination \_\_\_\_\_

Pastor's or Church Leader's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### Areas of Interest

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mentor* (requires minimum 1-2 year commitment)<br><input type="checkbox"/> Homes of Hope advocate<br><input type="checkbox"/> Budget Coach<br><input type="checkbox"/> Homes of Hope<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Life Skills Instructor<br><input type="checkbox"/> Reception (greet/answer phones)<br><input type="checkbox"/> Intake<br><input type="checkbox"/> Office Support | <b>Personal Care Closet</b><br><input type="checkbox"/> Packing<br><input type="checkbox"/> Organizing<br><input type="checkbox"/> Prep/Shelving<br><input type="checkbox"/> Distribute at Food banks<br><input type="checkbox"/> Transport bags to Food banks / Love INC office<br><input type="checkbox"/> Grant Writing<br><input type="checkbox"/> Special Events | <input type="checkbox"/> Transport participants to appointments / grocery store<br><input type="checkbox"/> Visit neighbor in need<br><input type="checkbox"/> Parsonage Housekeeping<br><input type="checkbox"/> Parsonage Check-in<br><input type="checkbox"/> Moving assistance<br><input type="checkbox"/> Homes of Hope maintenance<br><input type="checkbox"/> Homes of Hope prep |
|---|---|---|

How often would you like to serve?  
 Daily  Weekly  Monthly  As needed  Special events

Availability (days & times) \_\_\_\_\_

- ❖ Please proceed to Page 2
- ❖ If you are interested in Mentoring, please also complete Page 3 of this application.

★ Submit to Love INC office or Email to [clearinghousecoordinator@loveincgreaterhershey.org](mailto:clearinghousecoordinator@loveincgreaterhershey.org) ★

Love INC Greater Hershey | 245 E. Derry Road, Hershey, PA 17033  
 717-835-0101 | [www.LoveIncGreaterHershey.org](http://www.LoveIncGreaterHershey.org)



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### References (ONLY REQUIRED for mentor applications)

Please list at least 3 other people who are familiar with your faith and your abilities to serve in ministry to others. We will send them a reference request. Please do not list relatives.

\_\_\_\_\_  
**Reference # 1 Name**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
**Reference #2 Name**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
**Reference # 3 Name**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

BUDGETING MENTORS will be required to provide a recent Credit Report (within the last 60 days) following initial approval of this application. Are you willing to comply with this requirement? YES  NO