



Crowley  
House of Hope

## Volunteer Application

Please print clearly and fill out the application in its entirety

Name (first, middle and last) \_\_\_\_\_

Home Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

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

Phone Numbers \_\_\_\_\_

Cell

Home

Work

Preferred method of communication (please circle): cell home work Best time to call: \_\_\_\_\_

Male ( ) Female ( ) Email \_\_\_\_\_

Are you over the age of 16? \_\_\_\_ Yes \_\_\_\_ No

Are you currently employed? \_\_\_\_\_ If yes, by who? \_\_\_\_\_

Position \_\_\_\_\_

Why are you interested in volunteering with the Crowley House of Hope?

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How did you hear about Crowley House of Hope? ( ) Word of Mouth ( ) Facebook ( ) Community Event ( ) Other

I would like to be considered for the following volunteer opportunities: (you are encouraged to select more than one)

( ) Cashier ( ) Floor Attendant ( ) Donations ( ) Food Pickups ( ) Food Pantry

Please list any languages that you speak, read and/or write fluently, in addition to English: \_\_\_\_\_

Have you volunteered for other organizations? \_\_\_\_ Yes \_\_\_\_ No (if you checked yes, please continue below)

Organization Name: \_\_\_\_\_

Describe volunteer service below:

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Please describe any work or personal experience you think might be relevant to our program:

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Do you have any hobbies or special talents?

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Have you ever been charged with or convicted of the following: (please check yes or no)

- a) Felony?  Yes  No
- b) Any crime involving a sexual offense, an assault or the use of a weapon?  Yes  No
- c) Any crime involving the use, possession or the furnishing of drugs?  Yes  No

If you answered Yes to any of the above 3 items, please explain. \_\_\_\_\_

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**Release for Publication**

Please check below

During the course of your time here at the Crowley House of Hope, there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participations. By initialing below, you may choose to grant or deny Crowley House of Hope permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, web-site, online, brochures, special fundraising activities, scrapbook , videos and photo albums for use in public understanding and support of the House of Hope. By granting permission below, you hereby release and hold harmless Crowley House of Hope from any claims, judgments or demand which may arise from the use of the above referenced photographs and/or videotapes.

\_\_\_\_\_ "YES, I grant permission"  
Initial

**OR**

\_\_\_\_\_ "NO, I deny permission"  
Initial

**Permission to Participate & Release of Claims**

I, \_\_\_\_\_ (print your name) hereby give permission to participate as a volunteer at the Crowley House of Hope (hereinafter "HOH"). I understand that while at the HOH, I may be offered "physical activities" including, but not limited to lifting, pulling, pushing boxes, bags and tubs, moving, lifting, scooting furniture, and any other related activities to my job description.

In consideration of participation at the HOH, I, for myself, heirs, executors, and administrators, hereby personally, release, indemnify, save and hold harmless, acquit, forever discharge and waive any claims or causes of action which I may now or hereafter have against the Crowley House of Hope, other participating agencies, all corporate sponsors and collaborators, and affiliates and any and all of their officers, directors, trustees, agents, servants, associates, employees, representatives, beneficiaries, successors and assigns, of all liabilities, claims, actions, damages, costs, or expenses which they or I may now or hereafter have arising out of or in any way connected with participation at the Crowley House of Hope, including, but not limited to, injuries which may be suffered here, during, or after any volunteer engagement. I understand that this waiver includes any claims based on negligence, action, or inaction of the above parties. I understand that I am assuming the risk for any activities we participate.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

## Medical History and Information

All of this information is kept confidential and will only be shared with medical professionals should an emergency arise. It is extremely important that you list all current allergies to medication and or foods, along with any other over the counter or prescription medications.

Do you have any health conditions that may limit your performance? YES or NO If yes, please explain.

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Due to the occasional high demands of this job, is there anything Crowley House of Hope needs to be made aware of to ensure that your experience is a pleasant one? YES or NO If yes, please explain.

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## Emergency Contact

_____	_____	_____
First & Last Name	Relationship	Phone Number

## Permission to administer treatment

Please sign and date below

The information contained in this Medical History Form is correct and complete to the best of my knowledge. I can engage in the House of Hope activities with exception to those noted on this form and agree to abide by any restrictions placed on me.

I hereby give permission to House of Hope to seek emergency medical treatment. I agree to the release of any records necessary to my immediate care. I give permission to Crowley House of Hope to arrange necessary health related transportation for me, if I or my emergency contact cannot do so. If necessary, a copy of this completed form may be used for any trips away from the Crowley House of Hope.

_____	_____
Your Signature	Date

**Once your application is completed, you may deliver to:**  
Crowley House of Hope · 216 N. Magnolia St. · Crowley, TX 76036  
Questions: 817-297-6400

<b>HOH USE ONLY</b> Received _____ Contacted _____ Start Date _____
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