



# Volunteer Application

Thank you for your interest in volunteering!

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 18 years of age or older? \_\_\_\_Yes \_\_\_\_No Birthdate (Month/Year) \_\_\_\_\_

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:

- 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

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

Describe volunteer service below:

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Please describe any work or personal experience that could be relevant to our programs:

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Do you have any hobbies or special talents that could be beneficial to Crowley House of Hope?

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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) Sexual offense  Yes  No
- c) Assault  Yes  No
- d) Use of a weapon  Yes  No
- e) Use, possession or the furnishing of drugs  Yes  No

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

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Please indicate the days you are available to volunteer (check all that apply)

- Wednesday  9:00 a.m. – 12:30 p.m.  12:30 p.m. – 4:00 p.m.
- Thursday  9:00 a.m. – 12:30 p.m.  12:30 p.m. – 4:00 p.m.
- Friday  9:00 a.m. – 12:30 p.m.  12:30 p.m. – 4:00 p.m.
- Saturday  9:00 a.m. – 12:30 p.m.  12:30 p.m. – 4:00 p.m.

**Release for Publication**

During 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 participation. Your initials below grant or deny Crowley House of Hope permission to take and use photographs or videotape of you alone or in groups, in newspaper articles, newsletters, website and/or social media, brochures, special fundraising activities, scrapbook and videos to aid the public in understanding the work of Crowley 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.

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

**Medical History and Information**

All 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**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact 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 Crowley 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 or mail to:**

Crowley House of Hope · 200 North Magnolia Street · Crowley, TX 76036 · 817-297-6400

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