



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

When are you available for volunteer assignments?

Haiti Assignments		
Year	Month(s)	Days
United States Assignments		
Weekday- Weekend	AM or PM	

Interests

Tell us in which areas you are interested in volunteering

- Administration
- News Letter Production
- Field work
- Fundraising
- Teacher
- Nurse/Medical
- Computer Training
- Volunteer coordination

Special Skills or Qualifications – Please Attach Your Resume

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

--

Center of Hope (Haiti), Inc.

Previous Volunteer Experience

Summarize your previous volunteer experience.

--

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Return Application

Return this Application and your resume to – Center of Hope (Haiti), Inc, c/o James L. Lipscomb, P.O. Box 150, Stamford, CT 06904, or email to cohh@optonline.net