



540 W. International Airport Road.  
Anchorage, Alaska, 99518-1110  
(907) 561-5335 Fax: 564-7429

# VOLUNTEER APPLICATION

*The mission of Hope Community Resources, Inc. shall be to provide services and supports, requested and designed by individuals and families who experience disabilities, resulting in choice, control, family preservation and community inclusion*

## CONTACT DETAILS

Last Name:	First Name:	Middle Name:	Age:	DOB: (MM/DD/YYYY)
Address:			Cell/Home Number :	Please tick box <input type="checkbox"/> Male <input type="checkbox"/> Female
State:		Zip:	Email Address:	
Are you a U.S Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, do you have the legal right to live and work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## EMERGENCY CONTACT DETAILS

Last Name:	First Name:		Relation to Intern:
Address:		Cell/Home Number :	<input type="checkbox"/> Parent
State:		Zip:	<input type="checkbox"/> Guardian
		Email Address:	<input type="checkbox"/> Other (Please state)

## EDUCATIONAL INFORMATION

<b>High School:</b>	Name of School:		High School Address:
	Dates Attended (YYYY) From:	(YYYY) To:	Highest Grade Achieved:
<b>College / University:</b>	Name of College / University:		College / University Address:
	Dates Attended (YYYY) From:	(YYYY) To:	Year of Course:
	Course Studied:		Highest Grade Achieved:

## PROFESSIONAL EXPERIENCE

(leave blank if this section does not apply)

Current Employment:	Employer Contact Number:
Employment Address:	Employer Email Address:
Current Job Description / Role:	

## VOLUNTEER INTERESTS

*Please complete all of the following information.  
This information is used to place you in an appropriate Internship placement.*

Do you wish to make a commitment of time to Hope?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, For how long? (example: 3 months)  _____												
What time/commitment period during the year do you wish to stay at Hope? (Months To & From)	_____												
1. Please give a brief summary of your experience with people who experience disabilities:	_____    _____												
2. Have you any experience in the following areas:	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Art Studios</td> <td><input type="checkbox"/> Residential Group Homes</td> </tr> <tr> <td><input type="checkbox"/> Children's Recreational Programs</td> <td><input type="checkbox"/> Day Habilitation Services</td> </tr> <tr> <td><input type="checkbox"/> Adults Recreational Programs</td> <td><input type="checkbox"/> Computer Programs</td> </tr> <tr> <td><input type="checkbox"/> Pre or Supported Employment</td> <td><input type="checkbox"/> Office Administration</td> </tr> <tr> <td><input type="checkbox"/> Mental Health services</td> <td><input type="checkbox"/> Maintenance Services</td> </tr> <tr> <td><input type="checkbox"/> Behavioral Health</td> <td></td> </tr> </table>	<input type="checkbox"/> Art Studios	<input type="checkbox"/> Residential Group Homes	<input type="checkbox"/> Children's Recreational Programs	<input type="checkbox"/> Day Habilitation Services	<input type="checkbox"/> Adults Recreational Programs	<input type="checkbox"/> Computer Programs	<input type="checkbox"/> Pre or Supported Employment	<input type="checkbox"/> Office Administration	<input type="checkbox"/> Mental Health services	<input type="checkbox"/> Maintenance Services	<input type="checkbox"/> Behavioral Health	
<input type="checkbox"/> Art Studios	<input type="checkbox"/> Residential Group Homes												
<input type="checkbox"/> Children's Recreational Programs	<input type="checkbox"/> Day Habilitation Services												
<input type="checkbox"/> Adults Recreational Programs	<input type="checkbox"/> Computer Programs												
<input type="checkbox"/> Pre or Supported Employment	<input type="checkbox"/> Office Administration												
<input type="checkbox"/> Mental Health services	<input type="checkbox"/> Maintenance Services												
<input type="checkbox"/> Behavioral Health													
3. <i>If you have any other Certification/ Awards/ Skills you feel may be useful to your Volunteer Placement, please state how you feel it may be helpful to us</i>	_____    _____												
4. What do you hope to gain through your volunteer experience with Hope?	_____    _____												
5. Do you have a full current driver's license?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="text-align: center;">Drivers License Number:</td> <td style="text-align: center;">State Issued:                      Expiration date:</td> </tr> <tr> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; height: 30px;"></td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Drivers License Number:	State Issued:                      Expiration date:								
<input type="checkbox"/> YES	<input type="checkbox"/> NO												
Drivers License Number:	State Issued:                      Expiration date:												
	<p style="color: green; font-style: italic;"><u>If you have ticked ""YES"" for both of these Questions, please attach a scan of your current drivers license and a drivers record of at least three years.</u></p>												

6. If yes to Question 5, would you be comfortable in driving a Hope Vehicle	<input type="checkbox"/> YES <span style="margin-left: 200px;"><input type="checkbox"/> NO</span>
---	---

7.  
One aspect of volunteering may be to provide personal care to individuals in a professional way with dignity and respect. Personal care may involve assisting an adult or child with feeding, bathing, dressing, changing soiled clothing, providing toileting assistance, etc...

**Please indicate your level of comfort providing personal care:**

No comfort at all whatsoever  
 Willing to try but hesitant  
 Comfortable  
 Comfortable and experienced

**Are you willing to assist males and/or females with personal care?**

Both Males & Females  
 Males Only  
 Females Only

8. Have you a current and in-date first Aid & CPR certification?	<input type="checkbox"/> YES <span style="margin-left: 200px;"><input type="checkbox"/> NO</span>	<i>If you have ticked "YES" for this Question, please attach a scan of your current First Aid &amp; CPR certification</i>
---	---	---

9. <i>Please list the Internships requirements that are needed to successfully complete you internship here atHope</i>		<i>Please attach a copy of your Internshiprequirements</i>
---	--	--

*I have answered the above questions to the best of my ability. I understand the answers above will be used for my Internship Placement and any changes or additions must be communicated to the International Volunteer Administration prior to my arrival at Hope Community Resources, Inc. for my Volunteer Experience*

<b><u>Applicant Signature:</u></b>	<b><u>Applicant Printed Name:</u></b>	<b><u>Date:</u></b>

***Do not hesitate in contacting the persons below for more information or any issues in relation to the above application***

**Roy T. Scheller, Ph.D., CEO/Executive Director**  
 Hope Community Resources, Inc.  
 540 W. International Airport Road  
 Anchorage, AK 99518  
 Direct Line: (907) 433-4702  
 Email: [rscheller@hopealaska.org](mailto:rscheller@hopealaska.org)