



540 W. International Airport Rd.
 Anchorage, Alaska, 99518
 Phone: 907-561-5335
 Fax: 907-564-7429

INTERNATIONAL VOLUNTEER APPLICATION

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

VOLUNTEER				
Last Name:	First Name:	Middle Name:	Age:	DOB: (MM/DD/YYYY)
Address:		Cell/Home Number:		Gender <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				
Last Name:		First Name:		Relation to self: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <i>If other, please indicate:</i> _____
Address:		Cell/Home Number :		
State:	Zip:	Email Address:		
EDUCATION				
High School:	Name of School:		High School Address:	
	Dates Attended (YYYY) From:	(YYYY) To:	Highest Grade Achieved:	
College / University:	Name of College / University:		College / University Address:	
	Dates Attended (YYYY) From:	(YYYY) To:	Highest Grade Achieved:	
	Course Studied:			
PROFESSIONAL EXPERIENCE				
<i>(leave blank if this section does not apply)</i>				
Current Employment:			Employer Contact Number:	
Employer Address:			Employer Email Address:	
Current Job Description / Role:				

VOLUNTEER INTERESTS

*Please complete all of the following information.
This will be used for determination of an appropriate Internship placement.*

Would you like to make a time commitment to Hope? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, for how long? <i>(example: 3 months)</i>	What time of the year would you like to volunteer with Hope? From (month/year): To (month/year): _____
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1. Please give a brief summary of your experience with people who experience disabilities:

2. Indicate if you have any experience in the following areas:

<input type="checkbox"/> Art Studios	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Computer Programs
<input type="checkbox"/> Children's Recreational Programs	<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Office Administration
<input type="checkbox"/> Adults' Recreational Programs	<input type="checkbox"/> Residential Group Homes	<input type="checkbox"/> Maintenance Services
<input type="checkbox"/> Supported Employment	<input type="checkbox"/> Day Habilitation Services	

3. If you have certifications, awards, or skills that you believe may be useful to your volunteer placement, please indicate them and explain how they may be helpful to Hope.

4. What do you hope to gain through your volunteer experience with Hope?

5. Do you have a driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Driver's License Number:	State Issued:	Expiration Date:
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6. If you answered "YES" to question (5), would you be comfortable driving a Hope-owned vehicle?
 YES NO

If you answered "YES" for both of questions (5) and (6), please attach a scan of your current driver's license and a drivers record of at least three years.

7. Volunteering with Hope may include providing personal care to individuals in a professional way with dignity and respect. Personal care may involve assisting an adult or child with feeding, bathing, toileting, dressing, changing soiled clothing, etc.

Please indicate your level of comfort providing personal care: Are you willing to assist males and/or females with personal care?

<input type="checkbox"/> No comfort whatsoever	<input type="checkbox"/> Both males and females
<input type="checkbox"/> Hesitant, but willing to try	<input type="checkbox"/> Females only
<input type="checkbox"/> Comfortable	<input type="checkbox"/> Males only
<input type="checkbox"/> Comfortable and experienced	

8. Do you have a current, unexpired First Aid and CPR certification? *(If "YES," please attach a scan of your current First Aid and CPR certification.)*
 YES NO

9. Please list the Internship requirements needed to successfully complete your internship at Hope. *(Please attach a copy of your internship requirements, if applicable.)*

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

Applicant Signature:

Applicant Printed Name:

Date:

If you have any questions or issues related to your application, please contact Hope's Executive Director:

Michele Girault, CEO/Executive Director

Hope Community Resources, Inc.

540 W. International Airport Rd.

Anchorage, AK 99518

Phone: (907) 433-4705

Email: mgirault@hopealaska.org