

HOPE HOUSE

Franklin County Christian Caring Center  
304 S. WALNUT ST.  
Ottawa, KS 66067

VOLUNTER APPLICATION

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Church currently attending: \_\_\_\_\_

Address: \_\_\_\_\_

Pastor: \_\_\_\_\_

Past volunteer experience (where, when, what type of work done)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When are you available? \_\_\_\_\_

How can you best help (time, skills, prayer, etc.)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Briefly tell us about yourself, your interests, your family and why you would like to work at the HOPE HOUSE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Statement of Confidentiality

As a volunteer for Hope House, Franklin County Christian Caring Center, I understand and agree to the need and requirement for absolute confidentiality for any one seeking assistance or sharing a need with me as volunteer staff member of HOPE HOUSE. I WILL NOT DIVULGE ANY INFORMATION ABOUT A CLIENT SEEKING ASSISTANCE OR SHARING A NEED WITH ME AS A VOLUNTEER STAFF MEMBER OF HOPE HOUSE.

I agree to keep ALL information confidential, not repeating any specific information to ANYONE other than HOPE HOUSE volunteers. Should I do so, I could cause great harm to the individuals and would violate the standards and requirements set forth by the Board of Directors of HOPE HOUSE.

I agree with the policy of HOPE HOUSE not to discriminate against anyone seeking our assistance, or any of the volunteers that I might be working with.

If confidentiality is breached I would be asked to resign my position with HOPE HOUSE by the Board of Directors.

I \_\_\_\_\_ have read the  
(print your name)  
above information and agree to the confidentiality requirements as stated above to become a HOPE HOUSE volunteer.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hope House Representative Signature

\_\_\_\_\_  
Date