



Visions of Hope Training Program & Dress 2 Impress Resale Boutique
117 E Columbia St Farmington, MO 63640 (573) 664-1711 www.vhd2i.org

Volunteer Application

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone _____

E-Mail: _____

Emergency Contact Name _____ Relationship _____

Address _____

Phone Number _____

Education/Work Experience

Let us know why you are interested in volunteer opportunities at Visions of Hope / Dress 2 Impress Resale (VoH/ D2I).

Please describe any paid or volunteer/internship work experience you have had that might relate to your interest in volunteering/interning at VoH/D2I.

What training or formal education have you had that might help you volunteer with us?

Are you presently attending school or college? Yes or No

Are there any tasks or work that you would not be able to perform as a volunteer at VoH/D2I?

Yes or No If yes, please specify:



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Have you ever been convicted of a felony? Yes No - If yes, please specify: (There will be a complete background check conducted) _____

How did you learn about the volunteer program at VoH/D2I?

Does your employer match your volunteer hours with donations of money or in-kind services? Yes or No

*Time Availability Note: We ask our volunteers to make an initial 6 month commitment to the program

How many hours per week are you available? _____

If you do not want a weekly schedule, what is your preference? _____

Indicate in the blocks below the times you most prefer to volunteer:

Monday	_____	Morning	_____
Tuesday	_____	Afternoon	_____
Wednesday	_____	Evenings	_____
Thursday	_____		
Friday	_____		
Saturday	_____		

There are many opportunities for volunteers to get involved! Please take a moment to share with us the interests and skills you could bring to our work:

ACTIVITIES : Recreation/Outdoors ___ Workout ___ Biking ___ Hiking ___ Swimming ___ Gardening
 Sewing ___ Jewelry Making ___ Photography ___ Organizing parties ___ Writing ___

ADMINISTRATIVE/TECHNICAL: Financial ___ Budgeting ___ Financial Planning ___ Grant
 Writing/Fundraising Public Relations ___ Graphic Design ___ Public Speaking ___ Marketing Technical
 Skills ___ Computer Programming ___ Computer Instruction ___ Videography Outreach/Advocacy ___
 Community Organizing Office/Clerical ___ Data Entry ___ Filing ___ Answering Phones

Others skills or interests not listed above? Are you passionate about a particular topic?



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Recognition

How would you like your efforts to be recognized? ___ Personal thank-you ___ Private Recognition ___
 Public Recognition: VoH/D2I newsletter and Annual Report ___ Hand-written thank you ___
 Certificate ___ Other _____

Personal and Professional References

Name _____ Phone _____
 Address _____
 City _____ State _____ Zip Code _____
 Relationship _____

Name _____ Phone _____
 Address _____
 City _____ State _____ Zip Code _____
 Relationship _____

Name _____ Phone _____
 Address _____
 City _____ State _____ Zip Code _____
 Relationship _____

By my signature below, I certify that the information I provided on and in connection with this form are true, accurate and complete. I also understand that any false statements or deliberate omissions on this document or any other document I file with VoH may be grounds for disqualification for volunteer positions.

Signature _____ **Date** _____