

**NEW HOPE FAMILY SERVICES VOLUNTEER REQUEST**

**Today's Date:** \_\_\_\_\_

**Prospective Volunteer:**

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

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

Email: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

**Area of Volunteer Interest:**

\_\_\_\_\_ Client Advocate      \_\_\_\_\_ Technology      \_\_\_\_\_ Care Corner

\_\_\_\_\_ General Office      \_\_\_\_\_ Abstinence Education Program

\_\_\_\_\_ Office Cleaning      \_\_\_\_\_ Handyperson      \_\_\_\_\_ Other

**Volunteer Job Descriptions:**

**Client Advocate:** Peer counseling, intensive training required

**Technology:** Helping with computer and printer issues

**Care Corner:** Sort and organize baby items in our Care Corner

**General Office:** Labeling, copying, and other clerical tasks as needed

**Abstinence Education Program:** Presenting our program in local schools. Intensive training required

**Office Cleaning:** Once or twice per month in the evening. Interview and references required

**Handyperson:** Minor repairs and small projects as needed

Do you have a special ability or skill which is not listed above that could be helpful at New Hope?  
If so, what is it? \_\_\_\_\_

How often are you available to volunteer? \_\_\_\_ weekly \_\_\_\_ bi-weekly \_\_\_\_ monthly \_\_\_\_ as needed

How did you hear about New Hope? \_\_\_\_\_

What led you to want to volunteer at New Hope? \_\_\_\_\_

Do you regularly attend a local church? If yes, which one? \_\_\_\_\_

What special experience(s) might you bring to New Hope? \_\_\_\_\_

**\*\*\*All volunteers will be required to sign New Hope's Statement of Faith**

**\*\*\*Please return completed form to: New Hope Family Services, 3519 James Street, Syracuse, NY 13206**