VOLUNTEER APPLICATION

Name _____

Address _____

Phone _____ Email _____

How did you hear about Our Home of Hope? _____

Do you have your Volunteer Clearances? _____ Date Completed _____

Check all areas of interest:

ACTIVITIES

___ Crafts, Games, Exercise, etc.
___ Hobby or Collection, "Show & Tell"
___ Teach a Bible Study
___ Entertainment or Inspiration

DIETARY / HOUSEKEEPING

_____ Provide Baked Goods Occasionally
_____ Assist with or provide holiday dinners
_____ Assist with Spring Cleaning
_____ Make table favors or centerpieces

VISITING / HOSPITALITY

___ Be a friend to a resident
___ Take a resident shopping or visiting

MISCELLANEOUS

_____ Perform small maintenance jobs
_____ Painting (interior or exterior)
_____ Transport residents to doctor appointments
_____ Lawn care, weeding, gardening, etc.
_____ Clean Vehicle

Other areas of interest:

_____

_____

_____

Note: Volunteers with direct, unsupervised, or frequent contact with residents will be required to provide volunteer clearances, proof of COVID-19 vaccination, and attend volunteer training according to the Department of Human Services regulations.

Thank you for your interest in volunteering at Our Home of Hope, Inc.

Please return to:
Administrator
225 Cherry Street
Columbia, PA 17512
ohohchristinab@gmail.com