

HOPE SPRINGS SAFE HOUSE, INC.
Volunteer Application



APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone						
Dates Available						
Have you ever volunteered for Safe House Before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Tell us why you want to volunteer?			
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Are you able to transport residents?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
REFERENCES						
<i>Please list three professional references.</i>						
Full Name			Relationship			
Company			Phone			
Address						
Full Name			Relationship			
Company			Phone			
Address						
Full Name			Relationship			
Company			Phone			
Address						

To apply to be a volunteer at Hope Springs, please send your application to Toni McGowen, Executive Director, at tonimcgowen@comcast.net or mail to PO Box 244, Attica, IN 47918.