

Please check one:

- Individual
- Group

Refuge of Hope Volunteer Application

Choose One Name of Group Leader _____

Name of Application _____

Please provide a daytime phone number where you can be reached or frequently check messages.

Daytime Phone Number _____ Email _____

Mailing Address _____ Apt _____ City _____ State _____ Zip _____

Group Information Only Number in Group _____

Please circle the make-up of your group- Seniors Men Women Mixed Adults Youth (14 or above)

Note: We require one adult to accompany every six teens/children for service projects.

Please Circle Volunteer Position of Interest

Weekday food prep (morning or afternoon)

Meal Helper (serve, clean)

Food donation Pick-up, as needed

Handyman as needed

Group Cleaning Project

Cookie Club

We appreciate your desire to become a volunteer partner with Refuge of Hope.

Please provide your schedule of availability.

Monday Hours Available _____

Tuesday Hours Available _____

Wednesday Hours Available _____

Thursday Hours Available _____

Friday Hours Available _____

Saturday Hours Available _____

PERSONAL INFORMATION

Have you ever been convicted of or admitted to child abuse or a crime involved actual or attempted molestation of a minor? Y / N

Have you ever been convicted of a felony? Y / N do you have a history of any addictive behaviors? Y / N

If yes, please indicate by circling – Drugs Alcohol Date of last use ____/____/____

Please proceed by reading the affidavit carefully. Please sign and return both documents to the ROH business office.

Thank You
AFFIDAVIT

I, the undersigned, have to the best of my knowledge, accurately and truthfully completed the application for volunteer service with Refuge of Hope Ministries.

I have read the Application; affirm that I am committed to working with team members – both staff and volunteers – from a variety of denominations and will follow biblical lines of authority as directed through Refuge of Hope leadership.

I understand that volunteer service with Refuge of Hope is an “at will” arrangement and I am free to resign at any time, for any reason and with respectable notification, and I am willing to make a commitment to volunteer at this time. I acknowledge that I have been addiction-free for 2 years and have not been convicted of or admitted to sexual molestation of a minor. I acknowledge that Refuge of Hope reserves the right to investigate any and all accusations which create a hostile environment for staff, volunteers and clients which may result in prosecution.

I understand that volunteer positions working with minors, working with the administrative staff, or driving mission vehicles will require Refuge of Hope to obtain a background check that may include submitted a fingerprint card.

I understand that submitted the Application completed with signature does not imply commitment on my behalf or on behalf of Refuge of Hope. I release Refuge of Hope employees and volunteers from any liability or damage resulting from the Application, interview, or ministry service experiences.

I hereby consent to and authorize the use and reproduction by Refuge of Hope, or anyone authorized by Refuge of Hope, of any and all interviews, written letters, articles, videotapes or photographs taken of me for the purpose of promoting the ministry without compensation to me. I understand that this Application is the property of Refuge of Hope, or anyone authorized by Refuge of Hope, solely and completely.

Signature _____

Date _____

Please submit your completed application to Refuge of Hope, P. O. Box 9361, Canton, Ohio 44711 or email info@refugeofhope.org or by fax 330-454-8159.

Visit our website www.refugeofhope.org