

VOLUNTEER APPLICATION



PERSONAL INFORMATION

Name (Last, First): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Social Security Number: _____ Date of Birth: _____

Current Employer: _____

Employer Address: _____

Title: _____

Driver's License Number: _____

(Please attach a copy of your driver's license with your application)

EMERGENCY CONTACT

Name (Last, First): _____

Relationship: _____

Daytime Phone: _____ Evening Phone: _____

EDUCATION

Name of School(s) Attended	Number of Years or Degrees	Courses or Major
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Educational Experience (Including workshops, training programs, seminars, etc.)



**Cornerstone
of Hope**

CREATING A WORLD WHERE NO GRIEVING PERSON JOURNEYS ALONE.

CLEVELAND | 5905 Brecksville Road, Independence, OH 44131 | 216-524-4673
COLUMBUS | 1550 Old Henderson Road, Suite E-262, Columbus, OH 43220 | 614-824-4285

SKILLS

Please indicate any special skills in which you have been trained/licensed (e.g. Massotherapy, R.N., Computers, etc.)

TIME AVAILABILITY (Please check all times that apply)

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
EVENING							
EVENTS ONLY*							

* These volunteer positions do not require attendance at an education series

VOLUNTEER AREAS OF INTEREST (Please check all areas that interest you)

- Office Support
- Reception Desk
- Weekly Kitchen Help
- Health Fairs
- Weekly Table Set Up for Groups
- Light Housekeeping Help
- Baking*
- Volunteering at Yearly Events*
- Prayer
- Babysitting
- Other: _____

* These volunteer positions do not require attendance at an education series

QUESTIONS

Why do you wish to be a Cornerstone of Hope volunteer?

Describe your personal experience with death and loss. (Have you experienced any deaths in your family or of those close to you? If yes, please specify the relationship they had when they died)



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QUESTIONS

Please list any previous volunteer experience:

Do you have any physical or medical conditions that may limit your ability to participate in certain activities?

Have you ever been convicted of a felony?

REFERENCES (Please list two references, non-relatives, that we may contact to get an understanding of your experience, talents, and character)

Name of Reference: _____

Relationship: _____

How long have you known this person? _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Name of Reference: _____

Relationship: _____

How long have you known this person? _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Cornerstone of Hope and the volunteer applicant acknowledge that the training class is a time of exploration, and attendance does not guarantee volunteer placements.



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