



Holding onto Hope
Wolcott, NY 14590 • (315)573-5156 • www.holdingontohopeinc.org

Volunteer Application:

Holding onto Hope is an equal opportunity employer and supports workforce diversity. We do not discriminate against any employee applicant for employment or volunteer position because of race, religion, color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, or marital status.

Personal Information:			
Name:		Date of Birth:	Age: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		City	State Zip Code
Email Address:		Driver's License Number:	
Cell/ Home Phone:	T-shirt Size:	Preferred contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Other: _____	
Employment Information:			
Employer:		Position:	
Address:		City	State Zip Code
Work Phone Number:		May we Contact you at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would your Company be interested in becoming involved with Holding onto Hope? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contact Information:			
Emergency Contact:		Emergency Contact:	
Emergency Contact Phone Number:		Emergency Contact Phone Number:	
Medical History Information:			
Do you have any allergies? (Food, medicine): <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Please List: Allergies: _____ Reactions: _____ Allergies: _____ Reactions: _____ Please list and attach to application on separate paper if you have more allergies.			
Do you have any health conditions that may limit your participation?			
Physician Information:			
Name of Physician:		Phone Number:	



Professional Skills: Please select your skill assets.					
<input type="checkbox"/> Communication Skills		<input type="checkbox"/> Special Event Skills			
<input type="checkbox"/> Entertainment Skills (Please specify)		<input type="checkbox"/> Sponsorship skills			
<input type="checkbox"/> Professional Certifications (Please specify)		<input type="checkbox"/> Photography			
<input type="checkbox"/> Grant Writing Skills:		<input type="checkbox"/> Computer Programming / Graphic Design/ Art Design Skills			
<input type="checkbox"/> Communication, Marketing and Advertising Skills		<input type="checkbox"/> Other:			
Do you use Social Media? If you would like to connect with us, share your usernames.					
Social Media Site:		Username:			
Facebook					
Twitter					
Instagram					
Other (Please specify):					
Days and Times that you are available to Volunteer?					
Please list any languages that you speak, read, or write fluently:					
Have you volunteered for other organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked yes: Organization(s):					
Please describe any work or personal experience or skills that might be relevant to Holding onto Hope:					
Why are you interested in volunteering, interning, or being on a committee with Holding onto Hope?:					
Do you have any hobbies, talents, or special interest?					
Please List 3 References:					
Name:		Relationship:	Time Known:	Phone Number:	Email:
Name:		Relationship:	Time Known:	Phone Number:	Email:
Name:		Relationship:	Time Known:	Phone Number:	Email:



Have you ever been charged with or convicted of the following: (Please check yes or no):

A). Felony Yes No

B). Any crime involving a sexual offense, an assault or the use of a weapon? Yes No

C). Any crime involving the use, possession, or the furnishing of illegal substances? Yes No

D). Reckless driving, DUI, or DWI? Yes No

If answered yes to any of the questions above, please explain:

Holding onto Hope has my permission to: (Please check items below).

Run a background check on me. Yes No _____ Initial

Please provide your social security number for background check _____.

Run a motor vehicle records check on me. Yes No

Verify the Three References that I Have provided. Yes No

Run a check on the National Sexual Registry list. Yes No

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be false, I may be denied the right to volunteer at Holding onto Hope.

Signature of volunteer: _____ Date: _____

Parent/Guardian Signature if under the age of 18: _____ Date: _____

Release for Publication:

During your volunteer experience at Holding onto Hope, there will be occasions, functions, events, and etc. where you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation. By signing below, you may choose to grant or deny Holding onto Hope, Inc. permission to use your photographs or videotape yourself alone or in groups, in newspaper articles, newsletters, website, online, facebook, twitter, brochures, special fundraising activities, vendor shows, videos, photo albums, Instagram and all other social media for use in public understanding and supporting of Holding onto Hope’s programs and services. By granting permission below, you hereby release and hold harmless Holding onto Hope from any claims, judgements, or demands which may arise from the use of the above references photographs and/or videotapes.

-Yes Release for Publication No – Do not release for publication.

Signature of volunteer: _____ Date: _____

Parent/Guardian Signature if under the age of 18: _____ Date: _____



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Permission to Participate and Release of Claims:

I, _____ (print your name) acknowledge and understand that Holding onto Hope and agencies, sponsors, businesses, board of directors, staff, volunteers, and stakeholders do not hold any responsibility or liability for any injuries or damages to property or person. Holding onto Hope does not reimburse for any health-related expenses that could occur while being a volunteer at Holding onto Hope. I agree to take all risk and hold Holding onto Hope harmless from and against any and all liability, loss, damages, claims or any type of actions, including the cost of medical and legal expenses. Any incidents that occur are the sole responsibility of the volunteer.

I, _____ **the undersigned, have read and agree to abide by the above.**

Signature of volunteer: _____ Date: _____

Parent/Guardian Signature if under the age of 18: _____ Date: _____



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Volunteer / Intern Opportunities:

Please check all that apply that you are interested in:

Committees: To help organize and operate different programs, services, and events for Holding onto Hope.

Community Outreach- Educate the community and medical community and community partners about eligibility requirements, referral process, and what Holding onto Hope is and does. Help find volunteers, help with campaigns, and conduct community outreach through fairs, professional/expos/civic events, conferences, volunteer fairs, health and wellness fairs, vendor shows, etc. Also includes cancer Awareness and prevention.

Donor / Sponsor Assistant- To help with getting sponsors and donors to provide the mission of Holding onto Hope.

Grant Writer: Volunteers to help with writing grants for Holding onto Hope to continue to grow with services and programs for people with cancer, caregivers, to remember, their families and friends and the general public.

Marketing and Advertising: Help with designing flyers, brochures, cards, merchandise, promotion material, hanging up flyers for events, contacting businesses, and etc.

Office Assistant- Assist with miscellaneous projects, including phone calls, grant research, hanging flyers for events, mailings, and etc.

Planning Committee: To help plan for the Fundraiser Events for Holding onto Hope. Contact Businesses to help with sponsorships and donations to the event. To hang up flyers if needed for the events and etc.

Resource Guide: Volunteers help with putting together a resource guide that can help the individuals and families we serve and the general public.

Speaker- Different speakers for our local events and programs in regards to caregivers, cancer survivors, remembrance, doctors, research, speakers to increase awareness and prevention for cancer, Holding onto Hope's programs and services, and etc.

Special Events Assistant- Assist in planning and implementation of successful fundraisers and fundraiser events for Holding onto Hope by working with the events planning committee, helping at the events and/or participating in the event.

Special Events Event Volunteer- Volunteer at Fundraiser Events.

We Can Relate Program: Volunteer your time as a survivor to talk to other survivors or just diagnosed to discuss symptoms, emotions, support, and more.

Other: Are you interested in volunteering another way that is not listed on the Opportunities list. Great. Please write in detail what you would like to help with.

I want to participate at Holding onto Hope as a:

Board Member **Committee Member** **Community Service Hours** **Intern** **Volunteer**



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