



**A Christ Centered Mission of Hope**  
[nwlivinghope@yahoo.com](mailto:nwlivinghope@yahoo.com) [northwoodslivinghope.org](http://northwoodslivinghope.org)  
PO Box 207, Phillips, WI 54555 715-339-2130

## ***Volunteer Application***

### **Contact Details:**

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### **In an emergency who would you like us to contact?**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Today's

Date: \_\_\_\_\_

### **Please indicate how you may like to help Northwoods Living Hope:**

Maintenance: Area? \_\_\_\_\_

Teaching Life Skills Classes, Example:

Cooking/Canning/Baking, Parenting,

Gardening, Cleaning, Sewing, Budgeting,

Car Repair, etc.

Organizing Donations

Yard Work / Landscaping

Events Committee

Transportation:

Driver's License # \_\_\_\_\_

*Attach Proof of Insurance*

Mailings

Mentorship/Devotions

House Maintenance

Childcare

Staffing the Shelter / Phones

Back-up Volunteer House Mom

**Please note that roles are not always available in every area.** If you wish to help in a different way from those mentioned above, please tell us.

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**Please tell us about your work and/or volunteering experience** that you think would help decide the type of volunteering roles that are suitable for you. For example, do you use a computer, do you drive, are you good at organizing, do you enjoy speaking to groups; are you working full-time or part-time, are you seeking employment, retired or in full or part-time education? (attach an additional sheet if necessary)

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**How much time can you offer us?**

- Short Term
- Open-Ended
- Other (please specify) \_\_\_\_\_

	am	pm	eve
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Background Check**

I give my consent for Northwoods Living Hope to run a background check.

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Church Affiliation:** \_\_\_\_\_

**Why do you think God is calling you to this ministry?**

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**Tell us about your relationship with God.**

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**Do you have any limitations that prevent you from completing tasks related to the work you are volunteering for?**

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*I release Northwoods Living Hope, Inc. (NWLH), its employees, officers, and directors of any and all liability arising out of my volunteer work, whether as a result of the negligence of NWLH's clients, agents, servants or employees or otherwise. I especially waive any or all rights I may have to sue NWLH for damages if I contract any illness in the course of my volunteer work.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Have you ever been convicted of a crime?**

No

Yes – Explain: \_\_\_\_\_

**References:**

Please provide two non-relative references that can give examples of how you live out your Christian faith.

1. Name & Phone number:

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Position/Relationship:

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2. Name & Phone number:

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Position/Relationship

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I confirm that the information given on this form is, to the best of my knowledge, accurate. I also acknowledge that I have received and read the NWLH Code of Conduct for NWLH Board Members, Staff and Volunteers and have had any questions answered by a member of the staff. (Available for download on our website: [www.northwoodslivinghope.org](http://www.northwoodslivinghope.org))

I understand that my tasks with Northwoods Living Hope may involve issues and situations of a sensitive nature and I agree to maintain confidentiality at all times.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If under the age of 18:*

Parent/Guardian Name: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you very much for your interest in volunteering with Northwoods Living Hope!**

Please return the completed application form to:

Attn: Northwoods Living Hope Executive Director by email:

[nwlivinghope@yahoo.com](mailto:nwlivinghope@yahoo.com) or by mail at:

Northwoods Living Hope, PO Box 207, Phillips, WI 54555