

Hope Recovery



Support for Survivors of Trauma

*Hope Recovery,
PO Box 91, Shepardsville, IN 47880
Phone: (765) 505-4233
recovery@hope4christianrecovery.org*

Volunteer Application

Please fill in the blanks or check the correct answer. Please print if submitting by hand.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Birthday (Month & Day Only): _____ Gender: _____

Marital Status: _____ Religious Preference: _____

Where did you hear about Hope Recovery? _____

Can we send correspondence to your home address? Y / N

Can we send correspondence to your email address? Y / N

___ Prayer Partner (online/local)

___ Financial Partner (online/local)

___ Grant writing (online/local)

___ Group Facilitator (online/local)

___ Workshop Facilitator (online/local)

___ Marketing (online/local)

___ Admin Assistant (local)

___ Public Relations (online/local)

___ Other _____

What encouraged you to apply to become a volunteer for Hope Recovery?

What strengths do you bring as a volunteer?

What challenges do you bring as a volunteer (things that might interfere with volunteering)?

How many hours are you able to give per week?

What volunteer location do you desire?

- Online
- Parke County, Indiana
- Vermillion County, Indiana
- Vigo County, Indiana

Do you have any experience with trauma work/support? If yes, please elaborate?

Are you a Christian? If so, please share briefly on your relationship with God.



Office Only Below

Training:
Task(s):
Notes:

Position:

ID: V-