



Volunteer Form

In order for us to match your gifts, talents, and skills with the best-suited volunteer position, the Cast Hope team would like to get to know you better. Please complete this application and return it to the address below.

Name: _____

Address: _____

Telephone: Home _____ Cell _____

Email: _____

Education (indicate any degrees earned): _____

Occupation: _____

Title: _____ Employer: _____

How did you learn about Cast Hope? _____

Volunteer Experience:

<i>Position</i>	<i>Organization</i>	<i>Date(s)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Skills: _____

Positions of Interest: _____

Availability: (weekdays, weekends, etc.): _____

Time commitment desired: _____

References: Please list two people whom Cast Hope may contact. Please do not use family members.

<i>Name</i>	<i>Phone</i>	<i>Email</i>	<i>Relationship to you</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

I hereby affirm that the statements made on this application are true. If appointed as a volunteer of the organization, I agree to act in the best interest of Cast Hope. I will fulfill my assigned volunteer activities to the best of my ability. I understand that this is a non-paid volunteer position.

Signature: _____ Date: _____