

The Walter Hoving Home
P.O. Box 194
Garrison N.Y. 10524
(845) 424 – 3674
ecarter@walterhovinghome.com
Contact: Erica Carter

APPLICATION FOR VOLUNTEER POSITION

Name _____ Date: _____

Address _____

City/State/Zip _____

Email Address _____

Telephone: Day () _____ Evening () _____

Your occupation _____ Birth date _____

Interests, skills, hobbies _____

Do you have your own transportation? _____

Do you have insurance on the vehicle you would use for volunteer service for the home?

_____ Expiration date _____

Please note: *For insurance purposes the Home is required to keep a file in the business office of the current status of automobile insurance coverage for each volunteer. Would you please attach a photocopy of your current insurance card for our files.*

Type of Volunteer Work: *(please check your interest below)*

- Transportation (taking ladies to doctor & dentist appointments)
- Taking 1-2 ladies on day passes (to points of interest in NY area)
- Crafts & Prayer with ladies on Saturdays
- Computer Teacher
- Landscaping
- Handyman
- Annual Fundraisers (Walk-a-Thon, Golf Marathon, Phone-a-Thon)
- Cook for picnics (Memorial Day, Fourth of July, Labor Day)
- Bible Study (no current openings)
- Other _____

As you know the Walter Hoving Home helps women who have had substance abuse problems. So, please forgive our personal questions. We want to ensure a safe environment for all involved.

Do you:

Drink alcohol? Yes No

Smoke cigarettes? Yes No

Use drugs? Yes No

Have you ever been convicted of a crime? If yes, please explain:

What church do you attend? _____

**If you would like to give out my email address to your references that would be ok!
They could email their references and it would help get the application process moving faster.**

We would like to call for a Pastoral reference.

What is the Pastor's name, address, and phone number? _____

Personal Reference:

Name, address, phone number, relationship.

