



John E. Lynch, President, Board of Trustees
The Rev. William A. Potter, Executive Director
Carola Walton MSW, Program Director

VOLUNTEER APPLICATION

Date : _____

NAME : _____

ADDRESS: _____

TELEPHONE: ____ (____) _____

E-MAIL: _____

Haven of Hope for Kids is open year round, and our busiest time is from the end of June through Labor Day. How many hours per week would you like to volunteer? _____. Availability: Spring Summer Fall Winter

Please indicate what days of the week and times you are free to volunteer:

Wed. am _____ pm _____ all day:

Thurs. am _____ pm _____ all day:

Fri. am _____ pm _____ all day:

Sat. am _____ pm _____ all day:

Sun. am _____ pm _____ all day:

Mon. am _____ pm _____ all day:

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Haven Of Hope For Kids

A 501(c) 3 Nonprofit Corporation

P.O. Box 292, Hope , New Jersey 07844 - Phone: (908) 459-4340 - www.havenofhopeforkids.org



Are you interested in:

1. Hosting a barbeque at the cottage?
2. Going on trips? (Families make trips to Land Of Make Believe, Jenny Jump observatory, the Belvidere Pool, a lake for fishing and boating)
3. Taking a family shopping and showing them the neighborhood?
4. Driving families in your own vehicle or in a minivan. Many of our families have no car of their own and need to be driven to activities.

Are you a student? If so, where? _____

Do you have conversational ability in Spanish? Yes No

Do you have special skills (ie., fishing, swimming, etc.,) you could teach the children? Interests to share with them? If so, what are they?

Do you have children? Would you welcome this as an opportunity for them to get to know children from another background?

Do we have your permission to use photos of you with families to promote our program? Yes No

Do we have your permission to include you in our directory of families and volunteers? The directory helps families and volunteers keep up with each other.

Would Saturday morning be a good time for you to attend a volunteer training? Another time?