HOUSE OF HIS CREATION Volunteer Application

NOTE: Please be sure to check your 'junk mail' for our response in case you don't receive an email from us within a reasonable time frame after submitting your online application.

	NAME:
OPTIONAL: Please provide a recent photo of yourself to aid us in	Date of application: Gender: M or F Birthdate:
getting to know you	Preferred phone number(s):
	Marital status:
	Children (if applicable) — names and ages:
Email address:	
Preferred method	of communication: Text Call Email
Address:	
Place of employm	ent (if applicable) — indicate full or part-time:
What days/times v	would you be most available to volunteer?
Church you attend	d (and location):
Volunteer experier	nce (if any):

What are your special skills or areas	of interest in volunteering at HoHC?				
Please check as many as apply	•				
Events					
Babysitting	Weekend House relief Yard care / seasonal clean-up				
Transportation					
Mentoring	Crafts				
Fundraising	Help with periodic mailings Organizing and/or cleaning Prayer support				
-					
General handyman					
Teaching life skills (please specify): Other interests not listed: Group projects (please indicate which group):					
				Why are you interested in volunteerin	g at HoHC?
				What is your view of adoption?	
What is your view concerning single	parenting?				
Do you consider yourself a Christian If yes, please briefly share about you					
Please provide two character referen number, email, and what their connec 1)	ction is to you)				
2)					

NOTE: If you would like to be involved in any way that puts you in close contact with the residents or their babies you will need to submit two clearances which are free to those who volunteer. We will provide the links to those when we follow up your application.