



**Commitment**

Please indicate the time commitment you are willing to make.

- Occasionally       one to three months       three months
- three to six months       six to nine months       up to one year
- season(s) \_\_\_\_\_

**Interest Inventory**

Please check all areas that you are interested in:

- Tutoring /Education
- Mentoring/Outreach
- Creative Arts  
(ie. drama, music, dance)
- Arts & Crafts
- Computer Technology
- Administrative Support
- Helping with a special event
- Physical Ed. Activities or Class
- Athletic Assistant or Coach:
  - basketball
  - track
  - football
  - softball/ baseball
- Other areas of Interest not listed above, please describe: \_\_\_\_\_

**Authorization**

\*Do you have any health problems or physical limitations that might prevent you from doing certain types of work? If so, please explain: \_\_\_\_\_

\*After being selected as a volunteer/intern a CRIMINAL RECORD CHECK will be done. Do you give Hospitality House permission to conduct this check? If so, please print and sign name in the spaced below.

I \_\_\_\_\_ hereby give the Hospitality House  
*(Name of Applicant)*

authorization to conduct this check. \_\_\_\_\_  
 (Signature)

\* Have you ever been convicted of a felony? If yes, please explain \_\_\_\_\_

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM SELECTED FOR A VOLUNTEER/INTERNSHIP POSITION, FALSIFIED INFORMATION OR STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED CAUSE FOR DISMISSAL. I ALSO UNDERSTAND THIS IS NOT AN APPLICATION FOR PAID EMPLOYMENT.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Auto Insurance Information

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Insurance Company

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Driver's License Number

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Policy Number

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Agent's Name

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Agents Phone

## Waiver

Hospitality House Youth Directions reserves the right to use the information provided by you, information provided by your references and information from public records for what is deemed to be in the best interest of the Hospitality House ministry and the children it serves. Information thus obtained will be used in matching you with a youth and/or a program, project or event. Our acceptance of your application in no assurance that an appropriate match can or will be made.

In making this application to b a volunteer I:

1. Understand that volunteers are viewed as primary role models for the Youth of Hospitality Youth Directions. I agree to honor the core values of Hospitality House Youth Directions and to demonstrate personal integrity in my involvements.
2. Understand that I am not an agent or employee of Hospitality House Youth Directions.
3. Agree that if my services involve transporting any person(s), that I will maintain liability and no fault insurance on my vehicle pursuant to the statutory requirements of the State of Minnesota.
4. understand that this form is not an application for employment.
5. Understand that there are certain risks and dangers associated with my involvement in activities at Hospitality House Youth Directions. I fully assume the risks involved as acceptable to me and I agree to use my best judgment in undertaking these activities and to follow safety instructions. I waive and release Hospitality House Youth Directions from any claim for personal injury, property damage or death that may arise from participation in these activities.

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Volunteer's Signature

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Date



# Volunteer Interview Sheet

**THIS SECTION FOR OFFICE USE ONLY!**

Name of Prospective Volunteer: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Interviewed by: \_\_\_\_\_

Volunteer Process:  
Criminal background check: **pass** or **fail** Date passed/failed: \_\_\_\_\_  
Placement Information: \_\_\_\_\_  
Entered into database on: \_\_\_\_\_

## HOW DID YOU LEARN ABOUT HHYD?

Friend Ad Website HHYD outreach worker School Church

## PERSONAL EXPERIENCE

Educational Background or Focus: \_\_\_\_\_  
\_\_\_\_\_

What additional skills do you bring? (people person, technical, leader, artistic etc.)

\_\_\_\_\_

Have you ever worked with children before? \_\_\_\_\_

\_\_\_\_\_

Have you volunteered before? \_\_\_\_\_

\_\_\_\_\_

If yes, what was the most rewarding part of your experience? \_\_\_\_\_

\_\_\_\_\_

What skills are you interested in enhancing while volunteering with HHYD?

\_\_\_\_\_

**WHEN DO YOU WANT TO GET STARTED WITH HHYD?** \_\_\_\_\_

**START DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**FEEDBACK DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**END DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## HOSPITALITY HOUSE VOLUNTEER PROGRAM REFERENCE FORM

To: \_\_\_\_\_ From: Volunteer Coordinator  
has applied to be a Program Volunteer at The Hospitality House and has given your name as a reference. The volunteer position includes working with youth, 5-18 years old, in small groups and one on one. We would appreciate your evaluation of the applicant to help us determine their suitability for the volunteer position.

Applicants relationship to you: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

<b>1. Maturity</b>	<b>excellent</b>	<b>good</b>	<b>fair</b>	<b>poor</b>
	4	3	2	1
Comments:				
<b>2. Responsibility</b>	<b>excellent</b>	<b>good</b>	<b>fair</b>	<b>poor</b>
	4	3	2	1
Comments:				
<b>3. Ability to relate with youth from diversity backgrounds</b>	<b>excellent</b>	<b>good</b>	<b>fair</b>	<b>poor</b>
	4	3	2	1
Comments:				
<b>4. What is the applicant's ability to relate with youth in general?</b>	<b>excellent</b>	<b>good</b>	<b>fair</b>	<b>poor</b>
	4	3	2	1
Comments:				
<b>5. What skills does the applicant demonstrate in relate to youth?</b>	<b>excellent</b>	<b>good</b>	<b>fair</b>	<b>poor</b>
	4	3	2	1
Comments:				
<b>6. Do you have any concerns or reservations about the applicant's ability to be a Program volunteer at the Hospitality House?</b>				
Comments:				
Please complete the reference form and return or fax to: Hospitality House Youth Directions Attn.: Volunteer Coordinator 1220 Logan Ave. No. Minneapolis, MN 55411 (fax) 612-588-4486				