

**BEACON OF HOPE VOLUNTEER APPLICATION**

**P.O. Box 34318  
Indianapolis, IN 46234  
(317-731-6131)**

We consider applicants for all volunteer positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

**(Please Print)**

First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Student? Y/N \_\_\_\_\_ School Name \_\_\_\_\_

Field of Study	Employment Status	Current & Job Title
	Unemployed _____	_____
	Full time _____	
	Part time _____	
	Homemaker _____	
	Retired _____	

Are you (15) years and older?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Birth Month and Date only \_\_\_\_\_ Emergency Contact Name & Phone #'s \_\_\_\_\_

Areas of Interest:

___ Adult Mentor	___ Crisis Line	___ Bulk Mailing
___ Pet Care	___ Education/Outreach	___ Special Events
___ Church Connection Council	___ Life Skills Training	___ Office/Clerical
___ Cleaning/Organizing		

Availability: \_\_\_ Daytime (M) (T) (W) (T) (F) Number Hours Available \_\_\_\_\_