



## Volunteer Application

**Thank you for widening the circle of support for grieving families.**

**Annie's Hope** exists due to the generosity of individuals like you who give of their time, talent and treasures. Your willingness to volunteer with us is a gift that is immeasurable to the kids of **Annie's Hope**. It is without doubt that you will get back more than you could possibly give. The time that you donate to the support of grieving kids may range from a couple hours every month to a few hours each week or to many hours for a short period. Please know that everyone has something to give –presence and compassion.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail address (if available for our use): \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor & Contact Information: \_\_\_\_\_

Can we call you at work? Yes or No Work Phone: \_\_\_\_\_

**How did you learn about *Annie's Hope*?**

(Web site, Annie's Hope family, Billboard, Public Service Announcement, Radio, Newspaper, Brochure, School, Funeral Home, Pediatrician, Other Physician, Volunteer Work, Friend, Family Member, Volunteer 5, Community/Social Organization, Fundraiser,)

**In what way would you like to volunteer for *Annie's Hope*?**

Please check your area(s) of interest.

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Office Support           | <input type="checkbox"/> Group Facilitator          | <input type="checkbox"/> Marketing/PR  | <input type="checkbox"/> Board Development |
| <input type="checkbox"/> Computer Support         | <input type="checkbox"/> Support Group Helping Hand | <input type="checkbox"/> Media         |  |
| <input type="checkbox"/> Data Entry               | <input type="checkbox"/> Camp Cabin Counselor       | <input type="checkbox"/> Fund Raising  | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Finance or Tax Expertise | <input type="checkbox"/> Camp Helping Hand          | <input type="checkbox"/> Grant Writing |  |

**How much time can you commit a month? \_\_\_\_\_ hours**

If you have any questions or need further information, please contact **Annie's Hope** 1333 W. Lockwood, Ste. 104, Glendale, MO, 63122, 314-965-5015 (Office), 314-918-1438 (Fax), annieshopekids@aol.com (E-Mail Address) or [www.annieshope.org](http://www.annieshope.org)