



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): _____

Driver's License Number: _____ Social Security Number: _____

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*?

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

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