

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name (Last, First): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Social Security Number: _____ Date of Birth: _____

Current Employer: _____

Employer Address: _____

Title: _____

Driver's License Number: _____

EMERGENCY CONTACT

Name (Last, First): _____

Relationship: _____

Daytime Phone: _____ Evening Phone: _____

EDUCATION

Name of School(s) Attended	Number of Years or Degrees	Courses or Major
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Educational Experience (Including workshops, training programs, seminars, etc.)



**Cornerstone
of Hope**

CREATING A WORLD WHERE NO GRIEVING PERSON JOURNEYS ALONE.

CLEVELAND | 5905 Brecksville Road, Independence, OH 44131 | 216-524-4673
COLUMBUS | 253 N. State Street, Suite 200, Westerville, OH 43081 | 614-824-4285

SKILLS

Please indicate any special skills in which you have been trained/licensed (e.g. R.N., Computers, etc.)

TIME AVAILABILITY (Please check all times that apply)

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
EVENING							
EVENTS ONLY*							

* These volunteer positions do not require attendance at an education series

VOLUNTEER AREAS OF INTEREST (Please check all areas that interest you)

- Office Support
- Reception Desk
- Light Housekeeping Help
- Ambassadors
- Prayer
- Camp Facilitators
- Memorial Event Volunteer
- Volunteering at Yearly Events*
- Weekly Table Set Up for Groups
- Baking*
- Cooking Support Group Meal*
- Preparing Support Group Meals
- Serving Support Group Meals
- Other: _____

* These volunteer positions do not require attendance at an education series

QUESTIONS

Why do you wish to be a Cornerstone of Hope volunteer?

Describe your personal experience with death and loss. (Have you experienced any deaths in your family or of those close to you? If yes, please specify the relationship they had when they died)



CREATING A WORLD WHERE NO GRIEVING PERSON JOURNEYS ALONE.

CLEVELAND | 5905 Brecksville Road, Independence, OH 44131 | 216-524-4673
COLUMBUS | 253 N. State Street, Suite 200, Westerville, OH 43081 | 614-824-4285

QUESTIONS

Please list any previous volunteer experience:

Do you have any physical or medical conditions that may limit your ability to participate in certain activities?

Have you ever been convicted of a felony? _____

REFERENCES (Please list two references, non-relatives, that we may contact to get an understanding of your experience, talents, and character)

Name of Reference: _____ Relationship: _____

How long have you known this person? _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Name of Reference: _____ Relationship: _____

How long have you known this person? _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Cornerstone of Hope and the volunteer applicant acknowledge that the training class is a time of exploration, and attendance does not guarantee volunteer placements.

COMPLETED APPLICATIONS CAN BE SENT TO:

Cornerstone of Hope - Cleveland

Attn. Volunteer Coordinator
5905 Brecksville Road
Independence, OH 44131

Cornerstone of Hope - Columbus

Attn. Volunteer Coordinator
253 N. State Street, Suite 200
Westerville, OH 43081



**Cornerstone
of Hope**

CREATING A WORLD WHERE NO GRIEVING PERSON JOURNEYS ALONE.

CLEVELAND | 5905 Brecksville Road, Independence, OH 44131 | 216-524-4673
COLUMBUS | 253 N. State Street, Suite 200, Westerville, OH 43081 | 614-824-4285