

HOPE OF RAINIER
PO Box 448
Rainier, OR 97048
(503) 556-0701

VOLUNTEER APPLICATION

CONFIDENTIAL

Name	Date
Mailing Address	Home Phone
City, State, Zip	Cell Phone
Email Address	Birthday (Optional-Month & Day only)
Other Affiliations (Service Clubs, other organizations, Etc.)	
Why would you like to be a HOPE volunteer?	
What days/hours are you available?	
Signature	

Thank you for your interest in being a HOPE Volunteer. Your personal information will be kept in strict confidence.