

### New Hope Volunteer Intake Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: NJ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONES: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

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

Years employed at this location: \_\_\_\_\_

Special Skills/Talents \_\_\_\_\_

What would you like to do with New Hope?

- Mentoring
- Administration
- Fundraising
- Office work: I am available \_\_\_\_\_ hours per month; \_\_\_\_\_ days per month
- Public Relations
- Work with clothing and furniture
- Speaking
- Other \_\_\_\_\_

My computer skills are:  poor  good  excellent

Have you ever been arrested or convicted of any crime, including sex-related or child-abuse related offenses?  Yes  No

How did you hear about New Hope, Inc.?  
\_\_\_\_\_

What are your thoughts about alternative-to-abortion programs? \_\_\_\_\_  
\_\_\_\_\_

—  
Please suggest two dates when you would be available for a short meeting:

1. \_\_\_\_\_
2. \_\_\_\_\_

(continued on next page)

