

# VOLUNTEER APPLICATION

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

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

[illegible]

[Home](#)

**EMAIL:**

**DOB:**                      /                      /                        
 MM                      DD                      YYYY (Year only required if under 18)

## VOLUNTEER AGREEMENT:

Please initial I have received a copy of the Volunteer Guidebook and agree to the terms.

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**Volunteer Signature**

**Date updated**

**If volunteer is under 18, we need parent/guardian permission for participation at CCOH.**

**I give my child permission to volunteer with Community Center of Hope.**

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**Parent/Guardian Signature**

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**Date updated**