



*House of Hope*  
**Grief and Loss Center**  
**General Volunteer Application Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ SS No. \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

**1. What languages do you speak? Circle all that apply)**

English      Spanish      French      German      Russian  
 Chinese      Japanese      Other \_\_\_\_\_

**2. What professional skills or specialized training do you have?(circle all that apply)**

Legal      Computer      First Aid/CPR      Writing  
 Business      Counseling      Accounting      Mentoring

**3. List additional general skills you have:**

Typing      Filing      Phone      Office Machines  
 Other \_\_\_\_\_

**4. Please list any diplomas, certificates, licences, or degrees obtained:**

a \_\_\_\_\_ b \_\_\_\_\_  
 c \_\_\_\_\_ d \_\_\_\_\_

**Please indicate times you are available**      Morning      Afternoon      Evening      Weekend

**5. ULF- House of Hope volunteer opportunities**

- events/programs
- office/support
- newsletter
- web/graphic design
- fundraising
- Support group volunteer
- Support group facilitator

**Program Requirements(at your expense)**

- \$75 training fee (12 hrs)
- Criminal Record Clearance
- Child Abuse Clearance
- TB test

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest in ULF-House of Hope. Please send this application to:

28720 Canwood Street, Suite 104  
Agoura Hills, CA 91301