

# His House of Hope

## Mission Staff/Volunteers Application

### Personal Information

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (for background check) Are you a US Citizen? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Church attending: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ City/State: \_\_\_\_\_

HS Diploma or GED: \_\_\_\_\_

Other School: \_\_\_\_\_ City/State: \_\_\_\_\_

Degree/Certification: \_\_\_\_\_

## References

Pastor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Church Name: \_\_\_\_\_

Friend: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Coworker: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company where you worked with this person: \_\_\_\_\_

## Work History- Begin with most recent

Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we Contact this employer? \_\_\_\_\_

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Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we Contact this employer? \_\_\_\_\_

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Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we Contact this employer \_\_\_\_\_

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## Other

List any past criminal background. Explain what changes you have made in your life since then.

\_\_\_\_\_

What do you hope to accomplish by being a part of this program? ( List two or three goals)

Please share something about your faith and relationship with Jesus Christ.

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What can you provide to the residents to help address their addictions, homelessness or other issues?

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What kind of God given gifts have you been blessed with?

What would you like us to know about your family of origin and your current family relationships?

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Do you have skills, abilities or talents that you can teach the residents about life skills?

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Is there anything else you think we should know about you?

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Are you willing to consent to a background check before you begin working or volunteering for His House of Hope? ( You may be disqualified from this application by your background.)

Yes No

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How did you discover His House of Hope?

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## Family & Emergency Contact Info

Family Member #1: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Family Member #2: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

## Acknowledgement of Information and Responsibility

I hereby confirm that I have thoroughly read and comprehended the contents of the resident handbook. My alignment with the mission and vision statement, and statement of faith of His House of Hope is not only acknowledged but also affirmed. Additionally, I assure that all the information I have provided is accurate and truthful.

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you for taking the time to complete this application His House of Hope  
Email: [info@hohphillips.org](mailto:info@hohphillips.org)