



## AMANDA HOPE RAINBOW ANGEL'S APPLICATION FOR VOLUNTEER PROGRAM

Amanda Hope Rainbow Angel's is dedicated to a policy of non-discrimination on any basis including race, color, religion, sex, national origin, sexual orientation, age, disability, status as a Vietnam-era or special disabled veteran, or any other legally protected status. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

### PERSONAL INFORMATION

T-Shirt Size: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you applied to our Volunteer Program before? Yes No

If yes, when? \_\_\_\_\_

Are you currently employed? Yes No

If yes, who is your employer? \_\_\_\_\_

Are you restricted as to availability to attend training and other scheduled activities? Yes No

If yes, please describe your restrictions: \_\_\_\_\_

How did you hear about the Amanda Hope Rainbow Angel's Volunteer Program? \_\_\_\_\_

Are you 18 years of age or older? Yes No Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Education – Areas of Study

High School (Name/Location): \_\_\_\_\_

College/University/Trade School (Name/Location): \_\_\_\_\_

Degree Attained: \_\_\_\_\_



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Computer Skills (Word, e-mail, PowerPoint, presentation software): \_\_\_\_\_

\_\_\_\_\_

Presentation/Teaching Experience: \_\_\_\_\_

\_\_\_\_\_

Other Skills/Experience: \_\_\_\_\_

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## WORK/VOLUNTEER HISTORY

Please list any previous or current work/volunteer experience:

Name of Organization: \_\_\_\_\_

Your function: \_\_\_\_\_

Required skills: \_\_\_\_\_

Dates of service: \_\_\_\_\_

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Your function: \_\_\_\_\_

Required skills: \_\_\_\_\_

Dates of service: \_\_\_\_\_

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## ADDITIONAL INFORMATION

Why are you interested in joining Amanda Hope Rainbow Angel's as a volunteer?

\_\_\_\_\_

What do you hope to contribute?

\_\_\_\_\_

Do you have a particular area of interest?

\_\_\_\_\_



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## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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## CONSENT

I hereby give my permission for Amanda Hope Rainbow Angel's and/or its representatives to use artwork, photographs and/or letters that I provide of myself in publications, slides, videotapes, motion pictures or on the Internet. In addition, I hereby give my permission for Amanda Hope Rainbow Angel's and/or its representatives to photograph, audio tape record, or videotape myself and to use my name, these images or voice recordings in publications, slides, videotapes, motion pictures or on the internet.

I understand these visual images or voice recordings may be used to inform families, volunteers, donors, the media and general public about Amanda Hope Rainbow Angel's programs, services or events.

I gladly give this authorization to support the efforts of Amanda Hope Rainbow Angel's. I understand this authorization shall continue until terminated in writing.

*Signing the consent form is not a requirement in order to join the Amanda Hope Rainbow Angel's volunteer program.*

Applicant's printed name: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

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



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## NOTICE OF BACKGROUND CHECK

Have you ever been convicted of a crime?    Yes    No

If yes, give details including charges, dates, locations; include traffic violations. A conviction does not automatically disqualify your application from consideration.

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A check of your criminal history may be made to verify the responses to the above questions for the sole purpose of ensuring the safety of its staff, volunteers and patrons. No applicant will be denied entry into the Volunteer Program solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

*Note that you must authorize a background check upon request for continued participation in the Amanda Hope Rainbow Angel's Program.*

### PLEASE READ CAREFULLY BEFORE SIGNING

Amanda Hope Rainbow Angel's is dedicated to a policy of non-discrimination on any basis including race, color, religion, sex, national origin, sexual orientation, age, disability, status as a Vietnam-era or special disabled veteran, or any other legally protected status.

Participation in some aspects of the Amanda Hope Rainbow Angel's Volunteer Program may be contingent upon the successful completion of specific Hospital Training Programs, screening requirements as determined by the participating Hospital, and the continued adherence to the policies of the Amanda Hope Rainbow Angel's Volunteer Program as outlined in the Manual of Procedures. **Submission of this application does not guarantee admission into the program.**

"I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active status may be terminated at any time. In consideration of my Volunteer Program application, I agree to adhere to the policies and regulations of Amanda Hope Rainbow Angel's, and I agree that my volunteer status can be terminated, with or without cause, and with or without notice, at any time by Amanda Hope Rainbow Angel's."

Applicant's printed name: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

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



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