



CIRCLE OF HOPE

STUDENT VOLUNTEER APPLICATION

Name _____ Home phone _____

Address _____ Cellphone _____

Email _____

EMERGENCY CONTACT:

Name _____ Cellphone _____

School _____ Grade _____

Number of community service hours you need, if applicable _____ By what date _____

Volunteer opportunities are available at our headquarters on Rosemary Street, or as projects you complete off-site, such as clothing drives. Please tell us how you would prefer to help. Check one option or indicate 1st and 2nd choice:

_____ Volunteer at headquarters (fewer volunteer slots available)

_____ Work on a project off-site (more volunteer slots available)

If you are interested in volunteering at our headquarters, please check all of your available days. Assume the volunteer shift will be 3–5pm, unless you have time during the school day or summer.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

What months are you available to volunteer? _____ to _____

Please tell us why you are interested in volunteering at Circle of Hope:

Thank you! Please return this application to **Circle of Hope, P.O. Box 920724, Needham, MA 02492**