

*Doors of Hope*  
WOMEN'S SHELTER  
*A ministry of Beacon Light Mission*  
**VOLUNTEER APPLICATION FORM**

**Applicant's Information:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_  
(cell): \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Business/Professional Background (list most recent first):**

Organization: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Position: \_\_\_\_\_  
Dates: \_\_\_\_\_ To: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Position: \_\_\_\_\_  
Dates: \_\_\_\_\_ To: \_\_\_\_\_

**Current Status:**

Retirement Date: \_\_\_\_\_  
Employed: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
School: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**Professional Affiliations:**

\_\_\_\_\_  
\_\_\_\_\_  
Current: \_\_\_\_\_ Past: \_\_\_\_\_  
Current: \_\_\_\_\_ Past: \_\_\_\_\_

**Fund Raising Experience:**

\_\_\_\_\_  
\_\_\_\_\_  
Current: \_\_\_\_\_ Past: \_\_\_\_\_  
Current: \_\_\_\_\_ Past: \_\_\_\_\_

**Volunteer Services:**

\_\_\_\_\_ **Current:** \_\_\_\_\_ **Past:** \_\_\_\_\_  
\_\_\_\_\_ **Current:** \_\_\_\_\_ **Past:** \_\_\_\_\_

**Please mark all volunteer areas of interest:**

<b>Bible Study</b>		<b>Driving to Appointments</b>	
<b>Donation Pick Ups</b>		<b>Donation Sorting and Storing</b>	
<b>Event Assistance</b>		<b>Food and Clothing Distribution</b>	
<b>Fund Raising –Bake/Yard Sales</b>		<b>Mentoring</b>	
<b>Household Maintenance/Repairs</b>		<b>Tutoring</b>	
<b>Counseling</b>		<b>Service hours</b>	

**Other Volunteer Areas of Interest:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Days and Hours of Availability:**

\_\_\_\_\_  
\_\_\_\_\_

**Comments or Questions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Those Volunteers wishing to work in direct contact with the women will be required to submit to a “Live Scan”. This procedure is paid for in full by Doors of Hope Women’s Shelter.

Please press the "Submit Form" button at the top of the screen

**OR:**

Print and return your completed application to: **Doors of Hope Women’s Shelter**  
**525 Broad Ave. Wilmington, CA 90744**  
**Or Fax to (310) 830-3260**

Doors of Hope Women’s Shelter, 525 Broad Ave., Wilmington, CA 90744  
Ph: (310) 830-7063 Fax: (310) 830-3260 Email: [info@doorsofhopewomensshelter.org](mailto:info@doorsofhopewomensshelter.org)