



## Women Committee/Sister Assist Volunteer Application

Thank you for your interest in volunteering with us at Hope4Veterans. Giving your time is truly a sacrifice but a rewarding experience and opportunity to assist our Women Veteran and their families. Completing this form will help you understand the skills and time/resource commitments of this volunteer position.

Please email the completed application to [csflgeiser2016@gmail.com](mailto:csflgeiser2016@gmail.com) , Attn: Lynn Geiser. This application will be kept confidential and on file (see policy). You will be contacted within 3 to 5 business days.

### VISION STATEMENT

**HOPE 4 VETERANS is a 501 c 3 nonprofit that wants to reach, inspire and empower women veterans in the State of Florida. We provide many programs to help our women build on their goals and find their passion that they have missed since their military time. HOPE 4 VETERANS is here to support women veterans to file their claims, assist them to their medical appointments with a women veteran with similar experience and to provide resources to help with the healing and recovery process. In 1-3 year, HOPE 4 VETERANS long term goals is to provide Women and children with housing and immediate needs.**

### MISSION STATEMENT

Hope4Veterans is a program that empowers and provides HOPE to Military Women by providing resources, peer to peer support, and Art/Holistic groups to work on their struggles within their community. Hope4Veterans helps educate and make awareness of the military women struggles. Hope4Veterans helps to educate, bring independence and stability for their families to help them become self-sufficient once again. Military Women are brought together with a purpose to provide resources to make sure that our women gain the assistance and advocacy they need and have earned.

- 1) Hope 4 Sisters Battle Buddy
- 2) Medical Claims Assistance
- 3) Art/Holistic resources
- 4) Free Laptops
- 5) Inspirational Baskets
- 6) Women's Day
- 7) Service Dog Education
- 8) Peer Specialist Support
- 9) Advocate Services and Resources

Your name: \_\_\_\_\_

Your Home Phone Number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Your address: \_\_\_\_\_

\_\_\_\_\_

Your email address (please write it carefully):

\_\_\_\_\_

### Availability

When are you available for volunteer assignments?

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Monday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Tuesday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Wednesday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Sunday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Thursday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Friday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Saturday

\_\_\_ Upon Request/3-5 day notice

### Interests

In which areas are you best suited to volunteer?

\_\_\_ Women Committee

\_\_\_ Children and Youth

\_\_\_ Sister Assist

\_\_\_ Fundraising

\_\_\_ Women Luncheon

\_\_\_ Homelessness Projects

\_\_\_ Volunteer Leadership

\_\_\_ Building/ Repair

\_\_\_ Disability Services

\_\_\_ Board Members

\_\_\_ Outreach/Phone

\_\_\_ Health/ Wellness

\_\_\_ Grant assistance

\_\_\_ Volunteer for Events

\_\_\_ Social Groups projects

### Special Skills or Qualifications

Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer?

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**Previous Volunteer Experience**

Have you worked as a volunteer before? If so, what did you do? \_\_\_\_\_

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**Person to Notify in Case of Emergency**

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

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

City, ST ZIP Code: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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

Thank you for completing this application form and for your interest in volunteering with us. Please attach your Resume with this Volunteer Application 2020.