



<u>For Office Use</u>	
Date received	_____
Notified Rec'd	_____
IV Date	_____
SF	_____

**Volunteer Application**

**Thank you for widening the circle of support for grieving families.**

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

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female

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

Employer (if applicable): \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Can we call you at work? YES NO Work Phone: \_\_\_\_\_

*To raise money for our programs, Annie's Hope applies for grant money from foundations and corporations. To do so, we need answers to the following questions. Please remember your answers are strictly confidential and optional.*

Do you belong to an organized religion? YES NO If so, please name the religion: \_\_\_\_\_

Please check your race/ethnic background (check as many as needed):

- African-American      Caucasian      Hispanic      Asian      Native American Indian
- Other \_\_\_\_\_

Were you ever a member of the Armed Services? YES NO

If yes, how were you involved? Please check all that apply. Active Reserves National Guard Veteran

Which military branch were you a member? Please check all that apply.

- Air Force      Army      Coast Guard      Marines      Navy      ROTC

**How did you learn about Annie's Hope?**

Please check your area(s) of interest.

- |                           |                      |                 |                            |
|---------------------------|----------------------|-----------------|----------------------------|
| Executive Board           | Grant Writing        | Media Promotion | Computer Support           |
| Young Professionals Board | Web Site Management  | Marketing/PR    | Data Entry                 |
| Fund Raising              | Social Media Support | Office Support  | Support Group Helping Hand |

**How much time can you commit a month? \_\_\_\_\_ hours**

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

For information or questions, please contact the Annie's Hope office at 314-965-5015 or kidsgriefmatters@annieshope.org.

**RETURN APPLICATION TO:**  
**ANNIE'S HOPE 1333 W. Lockwood, Ste 104, St. Louis, MO 63122**  
**314-918-1438 (fax)**  
**applications@annieshope.org (email)**