Pillars of Hope, Inc.
Volunteer Application

Pillars of Hope, Inc.
PillarsofHope.US

*** Volunteers must provide their own transportation to and from all locations.**

Application Date: _____

How did you hear about us?
_____

Contact Information

Full Legal Name	
Date of Birth (MM/DD/YYYY)	
Home Address	
Home Phone / Cell	
Email Address	
Social Media Accounts (please list all)	
Driver's License/State ID #	

Person to Notify in Case of Emergency

Name	
Relationship	
Address	
Home Phone / Cell	
Medical Carrier / Insurance	

Areas of Interest

Please indicate which areas you are interested in volunteering.

Awareness	Office / Events	Outreach & Victim Services
___ Awareness events ___ Newsletter production ___ Social media ___ Photographer	___ Administration ___ Funding team ___ Event team ___ IT skills ___ Program creator	___ Street outreach participation † ___ Food gift cards (Fast food for St. Outreach) ___ Fill a purse with items for victims ___ Donations (gift cards: Amazon / Target / Safeway) ___ Ministry / Healing therapies ___ Education / Career guidance

† If you selected Street Outreach, you must also complete the Street Outreach Risk Acknowledgment on page 3.

Availability

Are you interested in: ___ Long-term ___ Short-term volunteer opportunities?

How many hours per: ___ Week ___ Month are you available?

Special Skills or Qualifications

Summarize skills and qualifications from work, volunteer service, hobbies, or other activities.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Character References

Please provide two references who can speak to your character, judgment, and reliability. References may not be family members.

Reference 1

Full Name	
Relationship	
Phone	
Email	

Reference 2

Full Name	
Relationship	
Phone	
Email	

Background Check Authorization

All volunteers are required to pass a background check prior to serving with Pillars of Hope, Inc. This check will be conducted by an FCRA-compliant consumer reporting agency.

Full Legal Name (as it appears on government-issued ID)	
Date of Birth (required for background check processing)	

You will be contacted to complete the background check through our screening provider. A valid government-issued photo ID will be required at volunteer orientation.

[ ] **I authorize Pillars of Hope, Inc. to conduct a background check as part of my volunteer application. I understand this is conducted in compliance with the Fair Credit Reporting Act (FCRA) and applicable California law.**

Criminal History Disclosure

Have you ever been convicted of a felony or misdemeanor? [ ] Yes [ ] No

If yes, please describe the offense, approximate date, and outcome:

A 'yes' answer does not automatically disqualify you. Each situation is considered individually based on the nature of the offense, time elapsed, and its relevance to the volunteer role.

Social Media Policy Acknowledgment

Volunteers may not post, share, or publish any information, photographs, or content related to Pillars of Hope operations, volunteer team activities, victim identities, outreach locations, safe house locations, or any sensitive organizational information on social media or any public platform — at any time, including after the end of your volunteer service. Violations may result in immediate removal.

[ ] **I have read and understand the Social Media Policy above and agree to comply fully.**

Street Outreach Risk Acknowledgment

Complete this section only if you selected “Street Outreach Participation” in the Interests section.

Street outreach activities take place in environments where human trafficking occurs and may involve exposure to dangerous individuals and situations. I understand that I am required to: (1) complete all required safety training before participating in any street outreach; (2) follow all safety protocols as directed by the Team Leader at all times; (3) treat the Team Leader’s field decisions as final, including the decision to abort a mission; and (4) never act independently in ways that could compromise the safety of the team, victims, or the mission.

[ ] **I acknowledge the nature of street outreach activities and agree to comply fully with all safety protocols and Team Leader directives.**

Signature (Street Outreach only) _____ Date _____

Confidentiality Acknowledgment

During the course of your volunteer service, you may have access to sensitive information including victim identities and personal details, safe house and rescue house locations, rescue operation procedures, organizational strategies, and donor information. This information must remain strictly confidential during and after your service.

[ ] **I understand and agree to maintain strict confidentiality regarding all sensitive information I encounter in connection with my volunteer service at Pillars of Hope, Inc.**

Volunteer Statement of Understanding

I, the undersigned, certify that I have researched and fully understand the background and mission of Pillars of Hope, Inc. I understand that submitting this application does not automatically register me as a volunteer, and that there is a selection process based on my indicated interests and organizational needs. I confirm that I am willing to complete the assignments I agree to.

By submitting this application, I affirm that all information provided is accurate and complete. I understand that any false statements, omissions, or misrepresentations may result in my immediate dismissal. I agree to abide by all Pillars of Hope, Inc. policies, including safety protocols, confidentiality requirements, and the social media policy outlined in this application.

I further understand that volunteers selected for street outreach must complete all required safety training and receive formal clearance before participating in any field activities.

Signature of Volunteer _____ Date _____

Our Policy

It is the policy of Pillars of Hope, Inc. to provide equal volunteer opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, disability, or any other characteristic protected under applicable law.

Thank you for your interest in volunteering with Pillars of Hope, Inc. and for your commitment to this mission.