



2919 Strauss Terrace  
 Silver Spring, MD 20904  
 info@yhopefoundation.org  
 Phone#: (301) 890 – 0030  
 Fax: (301) 890 – 6769

MR. MS. MRS. DR. OTHER\_\_\_\_\_

Please circle **ONE ONLY**

NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_ APT. #\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_

PHONE# (H)\_\_\_\_\_ (W)\_\_\_\_\_ (C)\_\_\_\_\_ (F)\_\_\_\_\_

PREFERRED TIME TO CALL \_\_\_\_\_

EMPLOYER\_\_\_\_\_ POSITION\_\_\_\_\_

ADDRESS\_\_\_\_\_ CITY/STATE/ZIP\_\_\_\_\_

EMAIL \_\_\_\_\_



**VOLUNTEER OPPORTUNITIES**

Please check all that apply

**Cosmetics Skills**

**Make-Up Artists**  
 Performs make-overs on clients at outreach events and fundraisers.

**Estheticians**  
 Performs facials on clients at outreach events and fundraisers.

**Massage Therapists**  
 Performs massages on clients at outreach events and fundraisers.

**Nail Technicians**  
 Performs manicures and pedicures on clients at outreach events.

**Hair Stylists**  
 Styles hair and wigs on clients at outreach events.

**Fundraising Skills**  
 Grant Writer  
 Researches funds and writing grant proposals.

**Marketing & Public Relations Skills**  
 Strong people skills  
 Communication skills  
 Creative  
 Sales skills  
 Writing skills  
 Graphic design  
 Telemarketing

**Clerical Skills**  
 Computer Proficiency  
*(check all that apply)*  
 Microsoft Word  
 Excel  
 Access  
 FrontPage  
 Prepare memos, correspondence  
 Other \_\_\_\_\_

**Miscellaneous Skills**  
*(please list)*  
 Music \_\_\_\_\_  
 Language(s) \_\_\_\_\_  
 Teaching \_\_\_\_\_  
 Counseling \_\_\_\_\_  
 Other \_\_\_\_\_

**AVAILABILITY**

Please circle all that apply

|              |               |              |               |              |              |              |
|--------------|---------------|--------------|---------------|--------------|--------------|--------------|
| MON<br>am pm | TUES<br>am pm | WED<br>am pm | THUR<br>am pm | FRI<br>am pm | SAT<br>am pm | SUN<br>am pm |
|--------------|---------------|--------------|---------------|--------------|--------------|--------------|

**FREQUENCY**  
 Please circle **ONE ONLY**

Weekly                      Twice Monthly                      Monthly                      Other



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## COMMITMENT

Please circle **ONE ONLY**

- |                    |   |
|--------------------|---|
| Volunteer          | Lends time and skills to Y-Hope Foundation outreach and fundraising.  |
| Program Director   | Leads a group of volunteers and assisting the organization in achieving the goals of a particular program.  |
| Board of Directors | Guides the direction and future growth of Y-Hope Foundation and its programs. Serving on the Board of Directors requires a minimum 2-year commitment and an application in letter form to the officers of the organization. |

## ADDITIONAL INFORMATION

Do you have contacts for Donated Goods & Services such as cosmetics, office space, office supplies, etc? If so, please list below.

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How did you hear about Y-Hope Foundation?

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A member of Y-Hope Foundation will contact you and help you determine your special niche. There is a place for every one. Thank you for your interest in Y-Hope Foundation!

Yvonne E. Clarke  
(lizaw@yhopefoundation.org)  
President

Catherine Harris  
(catherineh@yhopefoundation.org)  
Director, Volunteer Programs

### For Office Use Only

Date Received by Y-Hope \_\_\_\_\_ Information Sent \_\_\_\_\_  
Y-Hope Notes \_\_\_\_\_

This information will not be released to any third party.

