



TAMPA BAY ACADEMY OF HOPE VOLUNTEER APPLICATION

1. Applicant information and availability

Complete the fillable fields, save a copy, and email it to info@tampahope.org. Use N/A when appropriate. Do not include a Social Security number, ID number, or sensitive screening records.

Questions? Call (813) 620-4029 or visit www.tampahope.org.

APPLICANT INFORMATION

Full legal name

Application date (MM/DD/YYYY)

Preferred name / pronouns (optional)

Phone

Email

Street address

City

State

ZIP code

☐ Age 18 or older ☐ Under 18 (guardian section required)

Emergency contact name / relationship

Emergency contact phone

AVAILABILITY AND PLACEMENT

Where would you like to volunteer? (check all that apply)

☐ Hillsborough ☐ Pasco ☐ Polk ☐ Other / flexible

Days available (check all that apply)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Available times / schedule limitations

Earliest start date

Hours per week

Length of commitment

Format

☐ In person ☐ Virtual ☐ Either

How did you hear about TBAH?

2. Interests, qualifications, and references

VOLUNTEER INTERESTS

- ☐ Youth mentoring
 ☐ Tutoring / homework help
 ☐ Events / outreach
☐ Office support
 ☐ Workforce support
 ☐ Family support
 ☐ Other

Preferred program, role, or other interest

Why would you like to volunteer with TBAH?

Relevant work, volunteer experience, and skills

Languages and proficiency / special certifications

REFERENCES

Provide two non-family references who can speak to your reliability and suitability for this role.

Reference 1: name

Relationship / years known

Phone

Email

Reference 2: name

Relationship / years known

Phone

Email



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3. Acknowledgments, applicant confirmation, and staff review

APPLICANT ACKNOWLEDGMENTS

Please check each statement after reading it. Placement depends on program needs, an interview, reference review, and any screening or training required for the assignment.

- ☐ I authorize TBAH to contact the references listed on this application.
- ☐ I understand that screening may be required before placement. Any required background-check authorization will be completed separately.
- ☐ I agree to follow TBAH policies, confidentiality requirements, participant boundaries, and safety and reporting procedures provided during orientation.
- ☐ I will use approved communication channels and obtain staff approval before transporting participants or arranging activities outside my assignment.
- ☐ I understand that submitting this application does not guarantee placement.

Optional: support or accommodation requested for participation

I certify that the information provided is accurate to the best of my knowledge. Type your name below to acknowledge these statements, or print and sign. This is a text field, not a certificate-based digital signature.

Applicant signature / typed acknowledgment

Date

For applicants under 18: guardian approval is required; assignment eligibility will be determined by TBAH.

Parent / guardian name and signature / typed acknowledgment

Date

Parent / guardian phone or email

Next step: save the completed application and email it to info@tampahope.org.

TBAH STAFF USE ONLY

Reviewed by

Date received

- ☐ Interview completed
- ☐ References reviewed
- ☐ Screening cleared
- ☐ Orientation completed

Assigned program / role / supervisor

Disposition / next steps