



H. O. P. E

Helping Ordinary People Excel



*** Required Field**

MEMBER APPLICATION REQUEST FORM

* First Name: _____

* Last Name: _____

* Address: _____

Address Cont: _____

* City: USVI Only _____

* State: _____

* City: Other _____

* Zip Code: _____

* Phone: number _____

Email: _____

I will volunteer to help with the following

(Please check all applicable boxes):

- Host a fundraiser or special event
- Permit a sign on my property
- Make phone calls
- Walk door to door; Hand out literature
- Attend meetings;
- Speak Help on Election Day
- Assist with Admin/Secretarial work
- Assist with transportation
- Food preparation
- Legal application/interpretation
- Cleaning / Trash removal
- other

Do you have prior campaign experience? Yes No

Please write your comments in the space provided below. Feel free to comment on your special skills, which may be helpful in our endeavor. You may also add additional information for any field that is required. You might want to explain direction to your home, use this space. If more space is necessary, please continue on reverse side.

Are you presently employed? Yes No Place of employment _____

How long? _____ Supervisor or contact person. _____ Phone _____

Date of birth _____ Place of birth _____ Are you a US citizen Yes No

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We do hope that you choose to become a member of our organization. We further hope that you will be willing to use your skills and service to help in our cause. However, membership does not place you in a paid position. The service you will provide is voluntary. Considering you elect to be a part of our team, you will be required to abide by all rules and regulations that are established. We thank you and welcome.

Time Contribution

Days _____ Total Hours _____ Best Time 7 am – 3 pm, 3 pm – 11 pm

11 pm – 7 am Signature _____ Date _____