



HANDS OF HOPE FOUNDATION INCORPORATION MEMBERSHIP APPLICATION

I, _____ apply for membership of Hands of Hope Foundation Incorporation, hereby referred to as HOH.

I confirm that I have read and support the Core Values set out by HOH, and agree to be bound by the HOH Privacy Policy and HOH Rules.

I also confirm that I will not disclose any confidential information, nor engage or provide assistance to HOH clients, without the written authority provided by HOH.

I understand that HOH clients will be advised that any support provided by me will be in accordance with the guidelines provided to them by HOH (for example, I agree not to provide any direct or indirect financial or material support outside that which is provided by HOH directly to its clients).

(Please attach to this application a copy of your current Drivers Licence if you have one)

I am willing and able to assist HOH in the following activities:

- | | |
|--|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Assisting with fortnightly Friday 'drop in' |
| <input type="checkbox"/> One on one support of HOH clients | <input type="checkbox"/> Food pickups as required for HOH clients |
| <input type="checkbox"/> Delivery of food parcels to HOH clients | <input type="checkbox"/> Relocation assistance for HOH clients |

In addition:

- I wish to become a regular financial contributor to the operation of HOH.

I hold the following current clearances:

- | | | |
|--|--|--|
| <input type="checkbox"/> Working with vulnerable clients | <input type="checkbox"/> Working with children | <input type="checkbox"/> Current Probity check |
| <input type="checkbox"/> Current National Police check | | |

(Note: depending on your role, HOH may require you to obtain some or all of the above checks and clearances prior to final acceptance of your application).

Applicant's signature: _____ Date of application: _____

Applicant's address: _____

Applicant's Ph no: _____ Email: _____

A referee who will provide you with a character reference: _____

Referee contact details: Ph no: _____ Email: _____

Applicant proposer: _____ Date applicant proposed: _____

Application seconder: _____ Date application seconded: _____

Office use only

HOH Board approval/rejection of application: _____

Signed on behalf of HOH board: _____ Date: _____