



**Your Information**      Please Print)

Why are you interested in volunteering at Dakota Hope Clinic?

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## Volunteer Opportunities

*Please Note: Volunteer positions will change with time.*

*Mark any position(s) that interest you- training will be provided as necessary.*

\_\_\_\_\_ **Prayer Warrior** – With our new service called HopeSync, you would receive a text when the Nurse or Client Advocate and/or her client need prayer. We may also send a few announcements letting you know the latest news for our center.

\_\_\_\_\_ **Church Ambassador** – This lay-person would serve as the liaison between the Clinic and their church, relaying information about how we can help each other.

\_\_\_\_\_ **Business/ Organization Ambassador** – serve as a liaison between the Clinic and the business/organization they are affiliated with, relaying information about volunteer opportunities, services and events.

\_\_\_\_\_ **Social Media Ambassador** -use your personal social media platform to strategically help us spread the word about Dakota Hope. Brief training required.

\_\_\_\_\_ **Table Host** - to invite and host a table of 8 at Dakota Hope Fundraising Banquets.

\_\_\_\_\_ **Event Volunteer** - to help with special projects and events, including the Festival of Trees.

\_\_\_\_\_ **Help with Mailings** – help with folding, stuffing, and stamping various mailings throughout the year as needed.

\_\_\_\_\_ **Office Helper** – Willing to help with various tasks as needed by the office staff.

\_\_\_\_\_ **Office Cleaning** -to help with seasonal deep cleaning and organizational projects.

\_\_\_\_\_ **Childcare Provider** –provide childcare for the clients while attending appointments at Dakota Hope Clinic - must be 18 years or older.

\_\_\_\_\_ **Female Client Advocate** – meeting with and assisting female clients in the Earn While You Learn Program – training provided.

\_\_\_\_\_ **Male Client Advocate** –meeting with and assisting male clients of Dakota Hope Clinic- training provided.

\_\_\_\_\_ **Thrivent Action Kit Applicant** – Must be a Thrivent member. Receive \$250 and other resources to apply toward a Dakota Hope project or event. Guidance provided by Dakota Hope staff.

**Other:**

\_\_\_\_\_ If you have an idea for something you would like to do as a volunteer for Dakota Hope, but you do not see it on this form, write about it here.

**Availability:**

Please comment on when and how much you would be able to volunteer:

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**Signature:**

I understand that by completing this form it does not indicate there is an available position and does not obligate Dakota Hope Clinic to utilize me as a volunteer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Return completed application to Dakota Hope Clinic, 315 Main St. S., Suite 205, Minot, ND 58701*

*Minot: email to [kris@dakotahope.org](mailto:kris@dakotahope.org)*

*Tioga: email to [lisa@dakotahope.org](mailto:lisa@dakotahope.org)*

*Bottineau: email to [bonnie@dakotahope.org](mailto:bonnie@dakotahope.org)*

*Thank you for your interest and willingness to serve. Your work is vital to our mission.*

*For Office use only: Date application received* \_\_\_\_\_