

Volunteer Application Date

Contact Information		
Name		
Street Address		
City ST ZIP Code		
Home Phone	Work Phone	Cell Phone
E-Mail Address		

Availability		
During which hours are you available for volunteer assignments? M T W Th Fr		
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekday evenings

Interests		
Tell us in which areas you are interested in volunteering		
<input type="checkbox"/> Administration	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Food Bank
<input type="checkbox"/> Events	<input type="checkbox"/> Reception/Intake	<input type="checkbox"/> Filing
<input type="checkbox"/> Field work/Home visits	<input type="checkbox"/> Newsletter production	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Interviewing	<input type="checkbox"/> Other

Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Church Affiliation	
Name	Pastor
May we contact for reference? Y N	Phone Number

Previous Volunteer/Work Experience
Summarize your previous volunteer/work experience.

Person to Notify in Case of Emergency		
Name		
Home Phone	Work Phone	Cell Phone

Criminal History
Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft or motor vehicle violations)? Yes No
If yes, please explain fully:

Have you ever been <i>convicted</i> of a criminal offense? Check one: Yes No
Do you currently have any criminal actions pending in which you are the Defendant? Check one: Yes No
Are you currently on probation or parole? Check one: Yes No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred?

Personal References			
Name	Phone	Occupation	Relationship

Agreement and Signature	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.	
Name (printed)	
Signature	
Date	

Our Policy
It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

For Office Use Only		
Approved	Denied	Signature