



## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City
State
Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Area Code

E-mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Church attending: \_\_\_\_\_

Age: *(please check one)* Under 18 \_\_\_\_\_ Over 18 \_\_\_\_\_

**Days and times available:** \_\_\_\_\_

Please list your specific skills, talents and interests that might be useful in your volunteer work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please identify the areas in which you have an interest (check all that apply):

**As-Needed Volunteer**

- Home Relief Staff
- Resident Transportation
- Maintenance and Lawn Care
- Community Outreach

**Fund-raising**

- Grant Writing
- Annual Events

**Office Administration**

- Office Clerical/Phone Relief
- Marketing and Development

**One-to-One**

- Life Skills Instructor
- Bible Study Teacher
- Teacher / Tutor

**Prayer**

- Prayer Partner

Please check **professional certifications** or **degrees** you have:

- |                              |   |                                     |
|------------------------------|---|-------------------------------------|
| <input type="checkbox"/> MD  | <input type="checkbox"/> CPA                    | <input type="checkbox"/> Bachelor's |
| <input type="checkbox"/> RN  | <input type="checkbox"/> Teaching certification | <input type="checkbox"/> Master's   |
| <input type="checkbox"/> DDS | <input type="checkbox"/> Other                  |                                     |

Please list any previous volunteer experience; use back if necessary:

Activity	Agency	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____