



Volunteer Application

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

Personal			
Birth Date:		Age:	SSN:

Spiritual	
When did you accept Christ as your personal savior?	
Do you attend church regularly? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a member? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of church you are attending:	
Name of Pastor:	Phone Number:

Education		
High School:	Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>	Year:
College:	Dates Attended:	

Availability	
Can you make a year commitment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
During which hours are you available for volunteer assignments?	
Monday _____	Tuesday _____
Wednesday _____	Thursday _____



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.	

Previous Volunteer Experience	
Summarize your previous volunteer experience.	

Person to Notify in Case of Emergency			
Name			
Street Address			
City		ST	ZIP Code
Home Phone		Work Phone	

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.	
Print Name	
Signature	
Date	