

Volunteer Application

CONTACT INFORMATION (Please type or print clearly)

First Name: _____ M.I. _____ Last Name: _____

Street Address: _____ Unit/Apt#: _____

City: _____ State _____ Zip _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email: _____

D O B: ____ / ____ / ____ (If you are under 18 years old, a parent or guardian's signature is required.)

Please check: Male Female

Emergency Contact Name: _____

Relation: _____ Emergency Contact's Phone: _____ - _____ - _____

INTERESTS (Please mark all that apply)

Prepare Meals Serve Meals Host a Food Drive Host a Clothing Drive Assemble Hygiene Kits

Conduct a Fill-The-Truck Campaign Work in our Youth Shelters Work in our Family Shelters

Assist at our Thrift Stores Clerical Work

Other: _____

Have you volunteered for any other Missions, Shelters or other Non-Profit 501 (c)(3) Organizations?

Yes No

If Yes, please provide name of Mission, Shelter or other Non-Profit 501 (c)(3) Organization:

I would like to volunteer: Occasionally Weekly Monthly Long-Term

SUN	MON	TUES	WED	THURS	FRI	SAT
Morning/Afternoon						
Evenings						

Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

(Required if volunteer is under 18 years old)