

CHRISTIAN NEIGHBORS
VOLUNTEER APPLICATION



269-685-4166
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www.christianneighbors.org

Client : _____ yes _____ no _____

Starting date: _____

Position Title: _____

Permanent/Temporary: _____

Supervisor: _____
FOR OFFICE USE ONLY

Last Name First Name Date

Street Address City Home Phone

Email Address Cell Phone/text? Y/N

Age Group: (Circle One) Under 18 18-59 60 Over

Birthday: (Month/Day only) _____

Are you comfortable working with people? Yes: _____ No: _____

Are you available to hang posters around town? Yes: _____ No: _____

Preferred volunteer position _____

(filing/mailings/driving/yard work/repairs/organizing events/phone calls/cleaning/pantry/receptionist/find out more opportunities in the Education Resource Center)

Type of you prefer: Substitute volunteer _____ Special-Project volunteer _____

Special Events (Post Office Food Drive, Stuff the Bus, etc.) _____

Regular Weekly Volunteer: _____

Circle if you would be available: Monday 10-12 Monday 4-6
Tuesday 10-12 Thursday 2-5

List days & times you are NOT available: _____

Briefly list job experience and/or volunteer experience:

Office skills you have: _____

Church you attend (if any): _____

Church positions or offices you hold: _____

Physical limitations? Explain please : _____

Volunteer Departure Date: _____ Reason: _____

Recorded By: _____ Exit Interview Yes _____ No _____