

## **VOLUNTEER APPLICATION**

Title Name				Birthdate:
(Mr/Ms/Mrs)	(First)	(MI)	(Last)	
(Street)		(City)		(Zip Code)
(Primary Phone) (c	cell/home/wo	ork)	(Secondary Pho	one) (cell/home/work)
E-mail address:				
Employer:		May w	e call you at wor	k? □ Yes □ No
Days and Hours at w	ork:			
Spouse Name:		Spo	use Employer: _	
Children's names and	l ages:			
Congregation/Faith A	Affiliation (if	any):		
How did you hear ab	out us?			
Services I would like	e to provide	e for clients:		
☐ Housekeeping		☐ Yard Worl	k	
☐ Handyman tasks		☐ Friendly V	isiting	
☐ Computer Assistan	nce	☐ Working v	with the Blind and	d Partially Sighted
☐ Rides to/from me	dical appoint	ments		
☐ Assistance with gr	ocery shopp	ing and/or other en	rrands	
Services I would like	ke to provid	e for the Faith in	Action Program	1
☐ Help with fundrais	sing	☐ Help with r	newsletter	_
☐ Work on mailing ¡	orojects	☐ Sending no	tices to volunteer	rs/clients
☐ Marketing/Publici	ty	☐ Public Spea	aking	
☐ Computer Assistan	•	•	•	tors or Committee(s)
☐ Social Networking		☐ Website		• •
☐ Filing and office v	vork	☐ Auction		

□ once/we	eek 🗆 mo	re than once a	week 🗆 bi	-weekly	□ monthly	□ Other	
How many	y hours wou	ld you like to	volunteer:				
hr	s./week	hrs./bi-w	eekly	hrs./mo	nth		
I would lik	ke to work:	☐ Individual	lly 🗆 A	As part of	a team		
□ With 1	my family	Names:					
Length of	assignment	<u>!</u>					
□ long-ter	<b>m</b> assignme	nt (on-going,	no specific e	end date)			
□ short-te	e <b>rm</b> assignm	ent (with likel	y end date)				
□ as need	ed						
I am avail	able to volu	nteer as mark	ked below w	ith an "x'	<u>':</u>		
	Monday	Tuesday	Wednesday	Thursday	y Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
		LPFUL FOR					
Education		ınd:					
	karound (cu	irrent or prev	,				
	· ·						
Hobbies/Iı	nterests:						
Hobbies/Ii Foreign La	nterests:	spoken:					
Hobbies/Ii Foreign La	nterests:						
Hobbies/In Foreign La Physical co	nterests:anguage(s) sondition tha	spoken:					
Hobbies/In Foreign La Physical co	nterests:anguage(s) sondition tha	spoken: t limits activi	ities:				
Hobbies/In Foreign La Physical co ASSIGNM Concerns	nterests:anguage(s) sondition tha	spoken:  It limits activition  FERENCES:  with a smoken	ities: <u>r</u> ? □ N	0			
Hobbies/In Foreign La Physical co  ASSIGNM Concerns Concerns	nterests:anguage(s) sondition that the second the	spoken:  It limits activition  FERENCES:  with a smoken	ities: <u>r</u> ? □ N □ N	0	□ Yes		

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(A <sub>I</sub>	oplicant Signature)	(Date)			
	that misrepresentation, or on the state of t		ation is cause for bein		
•	ver been convicted for violation t of paper and attach it to this ap	•	se), please explain on		
	(If you would prefer communication	n to be paperless)			
(Street)	(City)	(State)	(Zip Code)		
) <b>Name</b>		Relationship to you			
	(If you would prefer communication	n to be paperless)			
(Street) e-mail:		(State)	(Zip Code)		
Name		Relationship to you			
	<b>REFERENCES:</b> Please prodo not live in the same househousehousehousehousehousehousehouse		es that are not family		
	(Name)	(Relationship to you)	(Phone)		
mergency o	contact:				

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☐ YES, I agree with the above	$\square$ NO, I do not agree with the above
Signature)	

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