VOLUNTEER APPLICATION

Name:
Street Address:
City, ST, ZIP:
Home Phone: Work Phone:
E-Mail Address:

Faith Community/Congregational Affiliation:

Pastor or Faith Community Leadership reference:
Name _______________________________________________________
Phone Number ________________ Email _________________________

Personal Reference:
Name _______________________________________________________
Phone Number ________________ Email _________________________

Volunteer opportunity areas, please check 1 or 2:
___Drop In Center       ___Board Of Directors

JUMP Committees:
___Finance           ___Human Resources
___Fundraising       ___Operations

Availability When are you available for volunteer assignments?
___ :_____ to ___ :_____ Tuesday       ___ :_____ to ___ :_____ Wednesday
___ :_____ to ___ :_____ Thursday       ___ :_____ to ___ :_____ Friday
Special Skills or Qualifications Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer?

Previous Volunteer Experience. Have you worked as a volunteer before? If so, what did you do?

When are you available to start volunteering?

Our Policy It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

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.

Signature: ________________________________ Date: ____________