



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:** _____

