

Volunteer **Application**



CONTACT INFORMATION

Full Name	
Street Address	
City ST ZIP Code	
Phone Number	
Place of Employment	
Work Phone	
E-Mail Address	

AVAILABILITY

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

MOTIVATIONS

Briefly explain why you are interested in volunteering at the Community Rescue Mission.

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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PERSONAL HISTORY

Do you have any limitations or medical conditions we should be aware of? NO YES

If yes, please explain_____

Have you ever been convicted of a felony? NO YES

If yes, please explain_____

PREVIOUS VOLUNTEER EXPERIENCE

Summarize your previous volunteer experience.

PERSON TO NOTIFY IN CASE OF EMERGENCY

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

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.

I have read, understand, and agree to the Community Rescue Mission Volunteer Handbook

Name (printed)	
Signature	
Date	