

# 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?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

## MOTIVATIONS

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

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## 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.

## 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.

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## 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	