

# 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? Please list availability

## 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.

## 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           |  |

