



Volunteer Application

Personal Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
*Driver's License #	
*Date of Birth	
*Gender	
*Social Security Number	
Employer Address and Phone	
Physical Limitations	
Prior convictions, if applicable	

*Required for Background Check

Availability

During which hours are you available for volunteer assignments?

Weekday mornings time:

Weekend mornings time:

Weekday afternoons time:

Weekend afternoons time:

Weekday evenings time:

Weekend evenings time:

Interests

Tell us in which areas you are interested in volunteering

After School Mentor

Gang Model (After School Athletics)

Events

Radical Youth Invasion (RYI)

Celebrate Recovery

Jail and Prison Ministry

Fundraising

Tax Assistance

ESL (English as a Second Language)

Other: _____



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.

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	



Date follow-up contact made: _____

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 further understand by signing this form I agree to a background check as required for working with minors.

Name (printed)	
Signature	
Date	

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.