



Volunteer Application

Contact Information

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

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

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Administration	<input type="checkbox"/> Facilitators	<input type="checkbox"/> Marriage Education
<input type="checkbox"/> Events	<input type="checkbox"/> Educators	<input type="checkbox"/> Pre-Marriage Education
<input type="checkbox"/> Field work	<input type="checkbox"/> Mentors	<input type="checkbox"/> Life Skills & Parenting
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Drivers	<input type="checkbox"/> Fiscal Builders
<input type="checkbox"/> Deliveries	<input type="checkbox"/> Caterers	<input type="checkbox"/> _____
<input type="checkbox"/> Phone bank	<input type="checkbox"/> Fatherhood Classes	<input type="checkbox"/> _____
<input type="checkbox"/> Newsletter production	<input type="checkbox"/> Prison Ministry	<input type="checkbox"/> _____
<input type="checkbox"/> Volunteer coordination	<input type="checkbox"/> Teen Dads	<input type="checkbox"/> _____

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.

Arrests or Convictions

Arrested on misdemeanor or felony charge ___ Yes ___ No

If yes, explain.

Convicted on misdemeanor or felony charge ___ Yes ___ No

If yes, explain.

Additional Explanation:

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.

Driver's License	State: ___ #: _____ - _____ - ___ - _____ - ___
Birth Date	_____ / _____ / _____
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, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.