

Volunteer Application



Volunteer Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Church Affiliation	
Retired: Y or N	Student: Y or N If yes, school attending?
Employed: Y or N	If yes, employer?

Availability

During which hours are you available for volunteer assignments?

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

Interests

Tell us which areas you are interested in volunteering

- | | |
|---|--|
| Tutoring | <input type="checkbox"/> Onsite Projects |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Chapel Service |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Host a Donation Drive |
| Mentoring (Men Only) | <input type="checkbox"/> Offsite Projects |
| Food Services | |

Special Skills or Qualifications

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

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.

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 Open Door Mission.