



## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home: \_\_\_\_\_ Cell : \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
Name/relationship/phone

If employed, Name of Employer/Address: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Special Skills, Interests, Hobbies: \_\_\_\_\_

Church Affiliation/Name & Address: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Type of Volunteer Work Preferred: Please circle

Serving Meals    General Maintenance/Minor Repairs    Painting    Yard Work    Landscaping    Gardening

General Office    Special Mailings    Special Event Planning    Fundraising

What hours and days/evenings are you available? \_\_\_\_\_

How did you hear about Christian Care? \_\_\_\_\_

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References (non-relative) – Please provide name, address and phone number for each person

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Thank you for choosing to volunteer for CHRISTIAN CARE!***

***You will touch the lives of many people with your kindness and generosity.***