



Volunteer Application

Name: _____ DOB: _____

Address: _____

Email: _____ Phone: _____

Church you attend: _____

Reference: _____ Contact #: _____

Are you CPR/First Aid certified? Yes _____ No _____

What area(s) are you interested in volunteering?

_____ Clothes Closet

_____ Frozen Meals

_____ Cleaning

_____ Office Help

_____ Event Setups

_____ Event Childcare

Best Way to Contact You: _____

*FOR OFFICE USE ONLY: Background Check Completed/Date: _____