



VOLUNTEER INFORMATION FORM

NAME _____ Mr. Mrs. Miss Ms.

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ SECONDARY PHONE _____

EMAIL _____ BIRTHDATE _____

DEMOGRAPHIC INFORMATION (for grants and reporting purposes only – will not be shared)

Are you 55 years or older? YES NO

Gender: MALE FEMALE

Ethnicity: AFRICAN AMERICAN
HISPANIC

ASIAN
NATIVE AMERICAN

CAUCASIAN
OTHER

Congregation/Parish _____

MEDICAL Do you have any physical conditions or special situations that require accommodations?

YES NO Details _____

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

PRIMARY PHONE _____ SECONDARY PHONE _____

VOLUNTEER INTERESTS (Please check all that apply)

AT THE SHEPHERD'S CENTER

Program Assistant

Social Media

A/V Assistant

Resource Center

Special Events

IN THE COMMUNITY

Transportation Ministry

Handy Hands Light Home Repair

Chores Galore Seasonal Yard Cleanup

AVAILABILITY (Please check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please list previous volunteer experience.

1. _____
2. _____
3. _____

Please list any skills/abilities you would like to utilize as a volunteer.

1. _____
2. _____
3. _____

I understand that I am applying for a volunteer position and may not accept any payment for my services. I will not utilize my position for any personal financial gain. I agree not to discriminate on the basis of race, sex, creed or national origin. I will abide by all policies of the Shepherd's Center as explained to me, particularly related to confidentiality. The statements on this form are true, complete and accurate.

Signature

Date