

ACTIVE FAITH VOLUNTEER APPLICATION FORM



CONTACT INFORMATION

Name: (Last, First) _____

Address: (Number, Street, City, State, Zip) _____

Phone: _____ Emergency Contact Number & Name _____

Cell Phone: _____ Email Address: _____

Date of Birth: _____ Dr.Lic. # _____

VOLUNTEER OPPORTUNITIES

We have a variety of volunteer opportunities. Check all the areas that you are interested in.

Yes, I would like to volunteer **Professional Services:**

- Accounting Support
 - Counseling - Financial counseling
 - Individual or family counseling
 - Employment counseling
 - Microsoft Word, Office, Excell and Access along with Computer Data Entry
 - Graphics Support
- Please Check time preference: 10:00 – 2:00 p.m. 2:00 – 5:00 p.m.

Yes, I would like to volunteer: **1st Choice** **2nd Choice** **3rd Choice, etc.**

- Building Maintenance/
- Cleaning – Monday or Wednesday **Time Available** _____
- Delivering Food to Homebound Clients **Days Available** _____
- Food Distribution – 2nd & 4th Mondays 1:00pm to 3:00pm
- Food Distribution – 2nd & 4th Mondays 3:00 pm to 5:00 pm
- Food Distribution – 2nd & 4th Mondays 5:00pm to 7:00pm
- Food pick-up from local grocery stores for delivery to Active Faith - (Need your own van or truck)
- Shelving Food in Pantry – On Call as needed (Should be able to lift up to 25 pounds)
- Sorting Clothes – Wednesdays 10:00am to 3:00pm
- Special Events
- Please list other areas in which you wish to volunteer _____

Please list any other days and times you are available to volunteer. _____

Our office hours are Mon., Wed. & Thurs. from 10:00 – 5:00 p.m.

SKILLS INVENTORY

Please answer the following questions so we can learn about the talents and skills you bring to our organization.

Please briefly describe your previous employment experience.

Please briefly describe any computer training or skills you have.

Please briefly describe any artistic, writing, teaching or vocational skills you have.

Do you have any physical or health limitations that would effect your ability to perform any volunteer duties at Active Faith? If yes, include a brief description of the limitations.

LEGAL DISCLOSURE & SIGNATURE

Have you ever been convicted of a felony? ____Yes ____No if yes, please explain below.

Have you ever been convicted of a misdemeanor? ____Yes ____No if yes, please explain below.

You authorize and release from all liability, without reservation, Active Faith, its officers, directors, employees, volunteers, and any law enforcement agency, administrator, state or federal agency, prior or present, gathering or furnishing any information about you.

A photographic or fax copy of this Authorization, Disclosure and Release may be deemed to be the equivalent of the original.

You have been provided an opportunity to have this document reviewed by legal counsel of your choice.

YOU AUTHORIZE ACTIVE FAITH TO CONDUCT A CRIMINAL BACKGROUND INQUIRY, ONLY.

Your signature

Date

Are you currently a client and/or receiving assistance from Active Faith? ____Yes ____No

In signing this application I declare that all the information contained within to be true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts may be cause for dismissal. I also agree to authorize any investigation or verification of information in this application, and release from all liability those individuals or corporations who provide such information. I further agree to comply with all of the rules, procedures and regulation of the Active Faith organization.

Applicant's Signature

Thank you for the gift of your time and talents.