

ACTIVE FAITH VOLUNTEER APPLICATION FORM



CONTACT INFORMATION

Name: (Last, First) _____

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

Phone: _____ Emergency Contact Number & Name _____

Email Address: _____ Date of Birth: _____

VOLUNTEER OPPORTUNITIES

Office hours are Mon., Wed. & Thurs. from 10:00 am – 5:00 pm

Time Available _____

Days Available _____

- _____ Housekeeping (i.e. clean bathrooms, kitchen, etc.)
- _____ Clothing Department (Clothing Closet)
- _____ Food Distribution – 2nd & 4th Mondays 1:00 p.m. to 7:00 p.m. (2 hour shifts available)
- _____ Shelving Food in Pantry
- _____ Special Events
- _____ Office Help
- _____ Building Maintenance
- _____ Organize a food drive
- _____ Bring in Treats for Volunteers on Distribution Days
- _____ Donate themed baskets for Raffles/Fundraising

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

Are you currently a client and/or receiving assistance from Active Faith? ___ Yes ___ No

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)

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 regulations of the Active Faith organization.

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