

ACTIVE FAITH VOLUNTEER APPLICATION FORM



CONTACT INFORMATION

Name:(Last,First)

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

Phone:

Emergency Contact Name & Number

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 – Mondays 1:00 p.m. to 6:00 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