

VOLUNTEER APPLICATION
(PLEASE PRINT)

NAME _____

ADDRESS _____ ZIP _____

HOME PHONE _____ CELL _____ EMERGENCY # _____

BIRTH DATE _____ SOCIAL SECURITY # _____

DRIVERS LICENSE # _____ E-MAIL _____

BI-LINGUAL _____ YES _____ NO LANGUAGE _____

ARE YOU DOING COMMUNITY SERVICE _____ YES _____ NO

DAYS YOU CAN VOLUNTEER (CIRCLE):

MON TUE WED THUR FRI SAT SUN

WHEN CAN YOU VOLUNTEER (TIME) _____ AM _____ PM

WHAT ARE YOUR INTERESTS & SKILLS (CIRCLE) _____

TUTORING - CHILDCARE – BUDGETING-MENTORING- COMPUTER –
EVENT PLANNING – FUND RAISING - OTHER

**WHY ARE YOU INTERESTED IN VOLUNTEERING FOR COMPASSION
MINISTRIES** _____

Check which of the below describe you best:

- I want to help others _____
- I want to do something meaningful with my time _____
- I want to meet new people _____
- I want to give my time to improve my community _____
- I want to pursue a career in social services _____

I authorize Compassion Ministries to obtain a criminal history check based on the above name, drivers license number and social security number. I understand this information will be used solely for the use of Compassion Ministries volunteer program.

Signature

Date