

Community of Christ

VOLUNTEER SERVICE APPLICATION

Please complete this form even if resume is attached. The form should be filled out completely and as accurately as possible. Type or print in blue or black ink. If you need additional space, attach a separate sheet of paper. Sign the application. This information is important due to the nature and responsibility of some of the service positions we offer our volunteers. It will be kept confidential. Thank you for your cooperation.

Today's Date: _____

PERSONAL INFORMATION:

Name (Last) _____ (First) _____ (Middle) _____

Present Address (Street, City, State, Zip Code) _____

Day Phone with Area Code _____ Evening Phone with Area Code _____ U.S. Citizen or Permanent Resident _____

Permanent Address if different from present address _____ Alternate Phone with Area Code _____

Beeper/Pager Number _____ Cellular Number with Area Code _____ E-mail Address _____

Have you volunteered before? ____ Yes ____ No If Yes, Dates (approximate) _____

If Yes, Department/Area Name and Contact _____ Volunteer Position _____

Names and Department(s)/Area(s) of any family members employed at Community of Christ _____

Emergency Contact Name _____ Relationship to You _____ Phone No. _____

Physician's Name _____ Phone No. _____

Church Membership/Affiliation (optional) _____ Home Congregation (optional) _____

How did you hear about our volunteer positions? _____

VOLUNTEER POSITION DESIRED

Choose from the volunteer positions offered or suggest a role in which you would like to serve. If applying for more than one volunteer position, list in order of preference.

For which volunteer position(s) are you applying? _____

REFERENCES

Full Name	Relationship	E-mail Address	Phone No.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

SCHEDULING INFORMATION

Please indicate when you would be available to volunteer. (Check all that apply)

Days Available		MON	TUES	WED	THURS	FRI	SAT	SUN
Times Available	Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mid-Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On-Going From _____ to _____ Short Term: From _____ to _____

How much notice do you need prior to volunteering? _____

Other: _____

Please list any circumstances you believe could negatively impact your ability to function as a volunteer: _____

EDUCATION

Indicate the level of formal education you have achieved.

- | | | |
|-----------------------------------|--------------------------|------------------------------|
| _____ Some high school | _____ Associate’s degree | _____ Graduate Degree |
| _____ High school diploma or GED | _____ Some college | _____ Other (please specify) |
| _____ Technical School/Apprentice | _____ BA/BS | _____ |

SPECIAL SKILLS & TRAINING

EXPERIENCE (professional & volunteer)

ADDITIONAL INFORMATION

What other information would be important for us to know?

CERTIFICATION

I certify that answers given are true and complete to the best of my knowledge. In the event of acceptance, I understand that false or misleading information given on this form or in interview(s) may make me ineligible for volunteer services. I hereby authorize you to solicit all information desired in connection with the application, including matters of opinion, character, ability, reputation and past conduct, and I authorize and request each individual and organization named on this form to give such information.

As a volunteer, I will consider this a commitment and fulfill my responsibilities to the best of my ability. I will respect confidences and protect privileged information and follow the Community of Christ staff policies and procedures.

Signature

Date