



Putting Faith and Love Into Action

## Volunteer Information

Date: \_\_\_\_\_

Volunteer Coordinator  
Dannette Valdez

(Mr./Mrs./Ms./Miss) Name \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_  
Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Education: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Place of Worship: \_\_\_\_\_

In case of emergency, please notify:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_  
Physician's Name: \_\_\_\_\_  
Physician's Telephone No. \_\_\_\_\_

How did you learn about our agency? \_\_\_\_\_

What attracted you to our agency? Is there any aspect of our work that most motivates you to seek to volunteer here?  
\_\_\_\_\_

What would you like to get out of volunteering for our agency? What would make you feel like you've been successful?  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your previous work experience. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any previous volunteer experience? If so, where? What duties did you perform? \_\_\_\_\_  
\_\_\_\_\_

What type of skills you do have to contribute as a volunteer (answering telephones, office duties, typing, computer skills, arts/crafts skills, trade/professional skills, supervising children, cooking, calligraphy, etc)? \_\_\_\_\_  
\_\_\_\_\_

Please list any physical limitations we should be aware of before assigning you to volunteer (difficulties lifting, standing, hearing, navigating stairs, etc). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many months are you willing to commit your time to our agency? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate what **days** and what **times** you would be available to volunteer.

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Please indicate the ministries which interest you in order of preference.

Loaves and Fishes: \_\_\_\_\_ Administration: \_\_\_\_\_  
Vineyard Services \_\_\_\_\_ Health Room: \_\_\_\_\_  
Rainbow House: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_

Please list personal references (at least two not related to you):

1. Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_

FOR OFFICE USE ONLY:

Assignment Codes: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_