



Putting Faith and Love Into Action

1919 Leopard Street P. O. 4899 Corpus Christi, TX 78469-4899
(361) 887-0151 Fax (361) 888-4121

Volunteer Information

Date _____

Volunteer Coordinator
Ruby Cantu

Name _____
Street Address _____
Mailing Address (if different) _____
City _____ State _____ Zip Code _____
Home Phone _____ Alternate Phone _____
Email (if any) _____
Date of Birth Month _____ Day _____ Year _____
Highest Level of Education _____
Place of Employment (if any) _____
Occupation _____

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 & Fishes _____ Administration _____ Vineyard Services _____ Street Ministry
_____ Gabbard Clinic & Pharmacy _____ Rainbow House _____ Rustic House _____

How much time would you be willing to commit our agency?

- One time event Short term activity (1-2 months) Long term activity

Are you volunteering as a part of a group? Y N If yes, please identify group name

and group coordinator: _____

How did you learn about our agency? _____

What aspect of our program or mission motivates you most to be a volunteer? _____

What would you like to experience by volunteering with our agency? _____

Identify special skills you believe might benefit this organization: (example: food service, computer skills, writing, web/graphic design, public speaking, mentoring, event organization, health provider, etc.)

Based on previous volunteer experience, what did you like the most? What did you like the least?

Please list any physical limitations that might affect your work as a volunteer.

Have you ever been convicted of a crime? _____ Explain the outcome _____

Please list personal references not related to you:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

In case of emergency, please notify:

Name _____ Relationship _____

Address _____

Home Phone _____ Alternate Phone _____

911 Instructions (allergies, medications, existing conditions, etc.) _____
