



VOLUNTEER APPLICATION

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

BIRTHDATE: _____ **TODAY'S DATE:** _____

PREFERRED METHOD OF CONTACT:

- Home Phone Cell Phone Email

EMERGENCY CONTACT:

_____ **PHONE:** _____

FREQUENCY OF AVAILABILITY:

- Once a week Once a month 3-4 times per year
 < 3-4 times per year

DAY AVAILABILITY (please check all that apply):

- Monday Wednesday Friday Sunday
 Tuesday Thursday Saturday

TIME AVAILABILITY (please check all that apply):

- Morning (10-Noon)
 Afternoon (1 – 4)
 Evening (after 6 p.m.)

Have you taken Protecting God's Children?

- Yes
 No

AREAS OF INTEREST AND/OR EXPERTISE: _____

WHAT LEVEL OF VOLUNTEER INVOLVEMENT ARE YOU APPLYING FOR (See attached):

- Tier 1 Tier 2 Tier 3

(Staff Use Only)

Background check completed Date: _____ Staff Initials: _____