Community Outreach Volunteer - Application

Psalm 116:16 O'Lord, truly I am Your servant

Demographics

Full Name: _____Date: _____/_____/_____
Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ Secondary Phone: _____
Email: _____
Date of Birth: ____/____/____ Gender: Male or Female Race: _____

Age Range: _____13-20
_____21-30
_____31-40
_____41-50
_____Other

Educational Level: _____
Marital Status: _____ Single _____Married _____ Divorced _____Widowed
Place of Employment: _____
Ministry of Helps at FCCC: _____

Volunteer Information

When are you available to volunteer? (Check all that applies)
_____Weekdays (Circle-M,T,W,Thur., F)
_____Weekends (Circle-Sat. – Sun.)
_____Weeknights (Circle-M,T,W,Thur., F)
_____I am available to work on short notice for important volunteer needs.

Interests

_____Animals
_____Environment
_____Landscaping/Gardening
_____Housing/Building/Repair
_____Seniors/Disabled
_____Youth/Education
_____Education
_____Hunger/Homeless
_____Low Income
_____Mentoring
_____Youth

Skills

_____ Arts & Crafts
_____Computer skills/Data Entry
_____Cooking/Food Preparation
_____Disaster Volunteer – Administrative
_____Disaster Volunteer – Logistics
_____Disaster Volunteer – Shelter
_____Landscaping/Gardening
_____ Carpentry
_____ Office Worker
_____Logistic
_____Painting
_____Sign Language
_____Plumbing
_____Electrical

Other: _____

Signature: _____ Date: _____/_____/_____