

Out Of The Ashes

Volunteer Application

Name: _____ Age: _____ Date: _____

Mailing

Address: _____

Number: _____ Email: _____

Availability: During which hours/days are you available to volunteer ?

___ Weekday Mornings ___ Weekday afternoons ___ Weekday Evenings M T W TH F

___ Saturday Morning ___ Saturday afternoon ___ Sunday afternoon ___ Sunday evening ___

Hours _____

What areas are you interested in volunteering? Please list experience/skills in that area

___ Administration: _____

___ Newsletter Production: _____

___ Fundraising: _____

___ Volunteer Coordinating: _____

___ Transportation: _____

___ Resale Shop: _____

___ Organizing/: _____

___ Childcare: _____

___ Leading Bible studies: _____

___ Leading Recovery Meetings: _____

___ Teaching Life Skills: _____

___ Teaching Coping Skills: _____

___ Nutrition: _____

___ Budgeting: _____

___ Work ready programs: _____

___ Culinary Arts: _____

___ Art Projects: _____

___ Praise and Worship: _____

___ Other Interest of service: _____

Do you consent to a drug test Yes ___ No ___ Signature _____

Do you consent to a background check Yes ___ No ___ Signature _____

Emergency contact: Name: _____ Number: _____

Have you ever been convicted of a crime ? ___ Yes ___ No If Yes, Please explain

The conviction _____ Date of conviction _____

Signature: _____

God Bless You Abundantly! Thank You <3

