

# VOLUNTEER APPLICATION FOR THE GOOD SHEPHERD'S MINISTRY

## Contact Information:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, ST, Zip Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Availability:

During which hours are you available for volunteer assignments?

\_\_\_\_\_ Weekday Mornings

\_\_\_\_\_ Weekend Mornings

\_\_\_\_\_ Weekday Afternoons

\_\_\_\_\_ Weekend Afternoons

\_\_\_\_\_ Weekday Evenings

\_\_\_\_\_ Weekend Evenings

## Interests:

Tell us in which areas you are interested in volunteering

\_\_\_\_\_ Transportation to Medical Appointments

\_\_\_\_\_ Transportation to Pharmacy, Bank &/or Post Office

\_\_\_\_\_ Grocery Shopping

\_\_\_\_\_ Meals (for those in need of short term assistance)

If you are driving clients, please provide the following information:

Driver's License Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

Have you been convicted of a traffic violation in the past year? \_\_\_\_\_

If Yes, what for: \_\_\_\_\_

## Special Skills or Qualifications:

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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**Previous Volunteer Experience:**

Summarize your previous volunteer experience.

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**Person to Notify in Case of an Emergency:**

Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

**Agreement and Signature:**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

**Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

Thank you for completing this application form and for your interest in volunteering with us.