

GOSPEL CENTER RESCUE MISSION

VOLUNTEER APPLICATION

Date _____

Name _____ Birth Date: _____

Address _____

Apt#

City _____

State

Zip

Telephone (Day) _____ (Evening) _____

Physical Limitations _____

Member of What Church? _____

Occupation? (Former if retired) _____

Degree or Special Training _____

Volunteer Interests? _____

Days/Hours Available _____

In case of emergency, please notify:

Name: _____

Phone

References:

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

In volunteering my services, I understand that I will not become a paid employee. I will assume responsibility for all injury occurring to me in my role as a volunteer. A routine criminal record check will be made of all new volunteer staff that would be working with children. The results are kept confidential.

Applicant Date

Interviewed on: _____

Record check results: _____

Orientation completed on: _____

Volunteer Services Coordinator: _____