

OZARK SHARE & CARE VOLUNTEER APPLICATION

DATE: _____

NAME: _____ SPOUSE: _____

ADDRESS: _____

PHONE: _____ EMERGENCY CONTACT & PHONE: _____

EMPLOYED: YES NO WHERE? _____

SPECIAL TRAINING: _____

INTERESTS/HOBBIES: _____

HAVE YOU DONE VOLUNTEER WORK BEFORE? YES NO

WHERE: _____ WHAT: _____

WHAT DAY(S) CAN YOU WORK? Mon Tue Wed Thurs Fri Sat

HOURS: Morning: _____ Afternoon: _____ Evening: _____

HOW OFTEN? Weekly Monthly Other _____

ARE YOU REPRESENTING: Agency Church School NAME _____

WHO PROMPTED YOU TO VOLUNTEER WITH US? _____

REFERENCES

1. _____ Phone: _____

2. _____ Phone: _____

What is the month and day of your birthday: _____

When you complete this application, please call Joy or Johnny at 741-3130