

PALATKA CHRISTIAN SERVICE CENTER

Volunteer Registration Form

Date: _____

Contact Information

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Availability

During which days and hours are you available for volunteer assignments?

Monday Tuesday Wednesday Thursday Friday Saturday
 Mornings Afternoons Evenings

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Reception / Intake	<input type="checkbox"/> Events / Fundraising
<input type="checkbox"/> Interviewing	<input type="checkbox"/> Food Pantry
<input type="checkbox"/> Field Work / Home Visits	<input type="checkbox"/> Thrift Store
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Other _____
<input type="checkbox"/> Filing	_____
<input type="checkbox"/> Administration	
<input type="checkbox"/> Volunteer Coordination	

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.

Previous Volunteer / Work Experience

Summarize your previous volunteer / work experience.

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Church Affiliation

Name	
May we contact them for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	
Pastor	

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	
Relationship	

Criminal History

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? Yes No If "Yes", please explain fully:

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Have you ever been convicted of a criminal offense? ___ Yes ___ No

Do you currently have any criminal actions pending in which you are a defendant? ___ Yes ___ No

Are you currently on probation or parole? ___ Yes ___ No

Have you ever been convicted of a criminal offense? ___ Yes ___ No

If you answered "Yes" to any of the above questions, please explain the nature of the offense, provide the date of the offense, and the county & state in which it occurred:

Personal References

Name	Phone	Occupation	Relationship

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	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

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

For Office Use Only

___ Approved ___ Denied Signature _____ Date _____