



VOLUNTEER APPLICATION

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

If employed, Name of Employer/Address: _____

Work Experience: _____

Special Skills, Interests, Hobbies: _____

Church Affiliation/Name & Address: _____

Previous Volunteer Experience: _____

Type of Volunteer Work Preferred: Please circle

Serving Meals General Maintenance/Minor Repairs Painting Yard Work Landscaping Gardening

General Office Special Mailings Special Event Planning Fundraising

What hours and days/evenings are you available? _____

How did you hear about Christian Care? _____

References (non-relative) – Please provide name, address and phone number for each person

1. _____

2. _____

3. _____

Signature _____ Date _____

Thank you for choosing to volunteer for CHRISTIAN CARE!

You will touch the lives of many people with your kindness and generosity.