

Volunteer Application – Community Outreach Center



Contact Information

Name (First, Last, Middle Initial)	
<i>Current Address</i> Street Address (no PO Box)	
City, State, Zip Code	
<i>Previous Address (If at Current Address less than 7 years)</i> Street Address (no PO Box)	
City, State, Zip Code	
Home Phone	
Cell Phone	
Email Address	
What is the best way we can contact you? (You may choose more than one)	Paper Mail _____ Email _____ Phone Call _____ Text Message _____
Birthdate (REQUIRED) – mm/dd/year	
Non-Emergency Contact (Name & Phone)	

Person to Notify in Case of Emergency

Name (First, Last)	
Street Address (no PO Box)	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	

Do you speak any languages other than English? Yes _____ No _____

If Yes, what languages? _____

How did you learn about this volunteer opportunity? (Choose one)

Volunteer Center of Racine County _____ VolunteerMatch.org _____ AllForGood.org _____ Other _____

If you chose "Other," how did you learn about this volunteer opportunity? _____

Military Status (if applicable): Active _____ Veteran _____

Do you currently use any of our Community Outreach Center services? Yes _____ No _____

If Yes, what services? _____

Do you know any of our Community Outreach Center's current or past volunteers? Yes _____ No _____

If yes, who? _____ How do you know them? _____

Availability

Please choose all the times you are available to volunteer.

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering.

Client Services Team

- Greeter
 Client Check-In
 Client Attendant
 Product Assembly/Order Fill
 Product Distribution
 Product Assistance/Carts

Product Care Team

- Pick-Up
 Delivery
 Load/Unload
 Stocking
 Produce Preparation

Reset Team

- Facilities Care/Cleaning (Ongoing throughout day)
 End of Day Cleaning/Closing

Other

- Team Leader
 Volunteer Coordinator
 Guest Speaker Attendant
 Literacy Coach
 Community Outreach/Public Relations
 Social Media
 Fundraising
 IT

Special Skills or Qualifications

Employer / Retired From: _____

Area or field of work experience.

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

Are you CPR Certified? Yes _____ No _____

Previous Volunteer Experience

Summarize your previous volunteer experience.

More About You

Tell us about yourself, including what you expect to gain from volunteering with Giving to the Nations.

--

List any health conditions or physical limitations that may affect your volunteer assignment. For example: standing, lifting.

--

People Who Know Me (non-relatives) #1

Name (First, Last)	
Street Address (no PO Box)	
Phone	
How Acquainted	

People Who Know Me (non-relatives) #2

Name (First, Last)	
Street Address (no PO Box)	
Phone	
How Acquainted	

Agreement and Signature

By signing this Volunteer Application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. **I further understand that Giving to the Nations, Inc. will conduct a background check on me.** I understand that Giving to the Nations, Inc. is not obligated to accept me into their volunteer program and that if accepted they or I may terminate the volunteer agreement at any time. If accepted, I understand that false or misleading information given in my application(s) or interviews(s) may result in discharge at any time. I agree to treat all information I may hear, see, read or otherwise acquire as highly confidential and I will not reveal or discuss this information outside of my official duties associated with Giving to the Nations, Inc.

Other Names Known By - for example: Alternate Spellings used (Jon or Jonathan); Maiden Name; Previous Married Name(s):	
Name (printed):	Date:
Signature:	

Thank you for completing this Volunteer Application form and for your interest in serving with Giving to the Nations.

Please mail completed Volunteer Application form to:

Giving to the Nations
Attn: Pastor Lynn Nys
3312 Washington Ave
Racine, WI 53405

OR

Email: lnys@givingtothenations.org