



Application For Volunteer Service

Be thorough in your written response to all questions and directions. If needed, use an additional sheet of paper, and attach it as part of your application.

Date of Application: _____

(PLEASE PRINT)

Personal Information

| | | | | |
|--|---------------------------------|---|------------------|-----------------------|
| Last Name | First Name | Middle Name | (Preferred Name) | |
| Spouse - Last Name | First Name | Middle Name | (Preferred Name) | |
| Address | City | State | Zip Code | Dates at this Address |
| Telephone Number(s) | | Email | | |
| General Health ___ Excellent ___ Good | Do you smoke? ___ Yes ___ No | Do you have: (if yes, please explain) Chronic ailment? ___ Yes ___ No Physical Disability? ___ Yes ___ No | | |
| Emergency Contact – Names(s) | | Telephone Number(s) | | |

Service/Ministry Preferences

Summarize special job-related skills and qualifications acquired from employment or other experience.

| | |
|-----------------------------------|--|
| <u>Preferred Areas of Service</u> | <u>Skills, talents, other qualifications</u> |
| | |
| | |
| | |

Service Dates and Information

| | |
|--|--|
| Available Dates: from _____ to _____ | Are these dates flexible? ___ Yes ___ No |
| Available Dates: from _____ to _____ | |
| Available Dates: from _____ to _____ | |
| Do you have a camper or travel trailer? ___ Yes ___ No | Will you have health insurance coverage when you serve? ___ Yes ___ No |
| Will you need Shocco housing? ___ Yes ___ No | Will you have accident coverage when you serve? ___ Yes ___ No |
| Will you use your vehicle on campus? ___ Yes ___ No | Will you have life insurance coverage when you serve? ___ Yes ___ No |

