



## GENERAL VOLUNTEER INFORMATION FORM

Name

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Address

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Best phone number \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Employer

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Full time or part time? \_\_\_\_\_ Best time to reach you? \_\_\_\_\_

Days of week available? Number of hours?

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I prefer to work with (check all that apply):

Adults \_\_\_\_\_

Teams \_\_\_\_\_

Teenagers \_\_\_\_\_

Community leaders \_\_\_\_\_

Children \_\_\_\_\_

The Public \_\_\_\_\_

Whole Families \_\_\_\_\_

Events \_\_\_\_\_

Office Equipment \_\_\_\_\_

I would be interested in knowing more about these areas of service (Check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Prayer              | <input type="checkbox"/> Bookkeeping                     |
| <input type="checkbox"/> Mentoring families  | <input type="checkbox"/> Maintenance                     |
| <input type="checkbox"/> Childcare           | <input type="checkbox"/> Moving service/donation pickups |
| <input type="checkbox"/> Public Relations    | <input type="checkbox"/> Workshop Education              |
| <input type="checkbox"/> Fundraising         | <input type="checkbox"/> Financial literacy              |
| <input type="checkbox"/> Website development | <input type="checkbox"/> Bible Study                     |

- Job Preparation
- Parenting
- Gardening

- Cooking
- Health & Wellness
- Other? \_\_\_\_\_

Are active in a local church? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? \_\_\_\_\_

What training or experiences do you have which might be useful in working with Serenade Heights?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What skills, spiritual gifts, or talents do you have which might be useful in a volunteer position with Serenade Heights?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Why do you desire to work with our Single Mother families in Serenade Heights?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you could do anything for God without fear of failure, what would it be?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By checking the box below you certify the following:

I intend and agree that the electronic submission of the information set forth herein constitutes my signature for this volunteer application. I verify the information is true and complete. I understand that any false information or omission may disqualify me from further consideration. All information gathered on this form is for the sole purpose of screening and placing potential volunteers.

- I certify\*

\_\_\_\_\_

First name

MI

Last name

\*required