CHRISTIAN NEIGHBORS
VOLUNTEER APPLICATION

269-685-4166
info@christianneighbors.org
www.christianneighbors.org

Client : ____yes_____ no _____

Starting date: _____

Position Title: _____

Permanent/Temporary: _____

Supervisor: _____

FOR OFFICE USE ONLY

_____

Last Name First Name Date

_____

Street Address City Home Phone

_____

Email Address Cell Phone

Age Group: (Circle One)
Under 18 18-59 60 Over

Birthday:
_____ _____
Month Day

Are you comfortable working with people? Yes:____ No:_____
Are you available to hang posters around town? Yes:____ No:_____

Preferred volunteer position _____
(filing/mailings/driving/yard work/repairs/organizing events/phone calls/cleaning)

When possible do you prefer to work as a:

Weekly volunteer _____ Short-time volunteer _____
Special-Project volunteer _____ Substitute volunteer _____
Special Events _____ (Post Office Food Drive, Stuff the Bus, etc.)

Briefly list job experience and/or volunteer experience:

_____

_____

Office skills you have: _____
Church you attend (if any): _____
Church positions or offices you hold: _____
Physical limitations? Explain please : _____

Volunteer Departure Date: _____ Reason: _____
Recorded By: _____ Exit Interview Yes____ No____