



Volunteer Application

Today's Date _____ Email Address _____

Name _____ Birth Date _____

Mailing Address _____ Street Address _____

City/ST _____ Zip _____ Preferred Contact Number _____

Do you need community service hours? YES _____ NO _____ Please check months below.

How much time do you wish to volunteer?

One time only Weekly Monthly Short-term Project Substitute

Availability

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Seasonal and short term volunteers please check months available:

Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec

AREAS OF INTEREST

____ sorting donated merchandise ____ assisting neighbors in clothing center ____ meeting with neighbors to determine their needs

____ greeting neighbors and assisting in the office ____ stocking pantry; assisting neighbors with shopping ____ janitorial/cleaning

____ data entry, computer tasks, filing ____ special projects (food drives) ____ maintenance/outdoor work

Please list two references that are not relatives:

Name: _____ Phone: _____

Name: _____ Phone: _____

Background Information and Release:

Have you ever been convicted of a crime? ____ yes ____ no

If yes, please explain: _____

I hereby grant permission to Benzie Area Christian Neighbors to check with the appropriate authorities (police, courts, DMV) upon matters of record regarding background history. Any information will be strictly confidential.

Print Name: _____ Signature: _____ Date: _____