Mount Olivet Day Services

Volunteer Application Form

How did you hear about us?

_____ Mount Olivet Church   _____ Annunciation Church

_____ Friend/Relative   _____ United Way

_____ School   _____ Other: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

In case of emergency notify: _____

Relationship: _____

Phone (H): _____ Phone (W): _____

Thank you for applying to be a volunteer at Mount Olivet Day Services. Your answers to these questions will help us find the most appropriate placement for you. The information you provide will be kept confidential.

Which program would you be most interested in doing volunteer work with and why? (Child, Adults, or Both)

_____

Special skills/talents you want to share with us: _____

_____

Previous volunteer experience (agency, duties): _____

_____

Education background: _____

_____

_____

Experience in paid employment (company, supervisor, position, and length of stay): _____

_____

Why have you chosen to volunteer at our facility? _____

_____

_____

Preferred days and times you would like to volunteer:

	Mornings	Afternoons
Mondays	_____	_____
Tuesdays	_____	_____
Wednesdays	_____	_____
Thursdays	_____	_____
Fridays	_____	_____

References: Please list three persons (not related to you) who would have knowledge of your qualifications for the volunteer positions you are seeking (i.e. a current or former employer, co-worker, teacher, pastor, neighbor, friend.)

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship _____ Number of Years Known:_____

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship _____ Number of Years Known:_____

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship _____ Number of Years Known:_____

I verify that all of the above information is true, complete, and correct. I understand that if it is not, I am disqualifying myself for a volunteer position.

I also understand that I am applying for a volunteer position and that this is not an application for, nor a contract of employment. I further agree that as a Mount Olivet Day Services volunteer, I will not accept any payment for my services and that I will incur the cost of transportation. I will also take required training where applicable.

I authorize the above references to give Mount Olivet Day Services any pertinent information they may have and authorize investigation of all statements contained herein.

Applicant's Signature: _____ Date:_____