



Application Received _____ / _____ / _____
Volunteer Location _____
Start Date _____ / _____ / _____
Applicant: Accepted or Denied _____
References Checked _____

Volunteer Application

(Circle One) Ms. Miss Mrs. Mr.

Name: _____
Last Name First Name MI

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____

Email: _____ Birthday: _____

Emergency Contact Information:

Contact Name: _____ Relationship: _____ Phone: _____

Do you have any health or physical limitations that could affect your volunteer assignment? Y___ N___

If yes, please explain _____

Have you been convicted of a crime within the last ten years? Yes _____ No _____

If yes, please explain: _____

Church Affiliation, if any: _____

Group Volunteer _____ Individual Volunteer _____ (Please check one)

Church or Group _____

Have you volunteered at CCM in the past? Yes _____ No _____ If so, when: _____

Please list your previous/current volunteer work and/or nonprofit boards on which you have served: _____

How did you learn about CCM?

CCM Website _____ Friend or Family Member _____ Other _____ If other, please explain:

Why do you want to volunteer? What do you want to gain from your experience? _____

What special skills or interests do you wish to utilize as a CCM volunteer? _____

Please check any areas of interest or expertise:

- | | | |
|--|--|---|
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> My Father's House | <input type="checkbox"/> Landscape Projects |
| <input type="checkbox"/> Interviewer | <input type="checkbox"/> Children's Activities | <input type="checkbox"/> Interview/Resume Assistance |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Light Maintenance Projects | <input type="checkbox"/> Gardening/Beautification |
| <input type="checkbox"/> Warehouse | <input type="checkbox"/> Data Entry/Computer Skills | <input type="checkbox"/> Occasional House Cleaning |
| <input type="checkbox"/> Food Pick Up/Delivery | <input type="checkbox"/> Construction Projects | <input type="checkbox"/> Mobile Food Pantry Volunteer |
| | <input type="checkbox"/> Mothers & Children Housing Ministry | |

Days and times you are available to volunteer:

Sunday ___ am ___ pm
Monday ___ am ___ pm
Tuesday ___ am ___ pm
Wednesday ___ am ___ pm
Thursday ___ am ___ pm
Friday ___ am ___ pm
Saturday ___ am ___ pm

Would you be willing to submit to a background check? Yes _____ No _____
Are there any special accommodations requested? Yes _____ No _____

References:

Please provide three personal or professional references:

	<u>Name</u>	<u>Phone or Email</u>	<u>Relationship</u>
1.	_____		
2.	_____		
3.	_____		

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunities. I certify that I have, and will provide accurate information throughout the selection process, including on this application and in interviews with Cooperative Christian Ministry. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Cooperative Christian Ministry or my termination as a volunteer.

I understand that CCM is a Christian organization that operates based on Christian principles. Whereas we do not discriminate against anyone for their religious beliefs, we do openly demonstrate our faith through our operating principles, core values and actions.

Signature _____ Date _____

Please fill out and return application to CCM or mail to:

Volunteer Coordinator - Lorie Williams
Cooperative Christian Ministry
P. O. Box 1717
Concord, NC 28026-1717
(May be faxed to: 704-785-8071
Attn: Volunteer Coordinator)

For Office Use Only:

Application interviewed on: Phone _____ or Office _____ Date ____/____/____
Entered in Apricot System: ____/____/____