Open Gate Homeless Ministries Volunteer Application

Today's Date		Who or what prompted you to volunteer?	

Personal Information		
Name	**Work Phone**	
Street	**Home Phone**	
	Cell Phone	
City	**State**	**Zip**
E-Mail Address	**Date of Birth**	**Gender**
How did you hear about our program?	**Are you a US Citizen?** ☐ **Yes** ☐ **No**	
Have you been convicted of a felony in the past 5 years? ☐ Yes ☐ No (if yes, please explain)	**If you have a disability, what accommodations would you need to volunteer?**	

In case of emergency notify	
Name	**Relationship**
Address	**Day Phone**

Employment Information	
Employer:	**Title:**
Employer Address: **City/State/Zip:** **Phone:**	**My employer supports my community through:** ☐ **A Corporate Volunteer Program** ☐ **A Matching Gift Program** ☐ **Other**_____ ☐ **Not Applicable** ☐ **Don't Know**

*** State law requires that a criminal background check be conducted on all individuals working with minors.**

Educational Background			
Completed High School?		**Attended College?**	
Areas of Study			
Degree(s)			
Certificates and/or Licenses			

Previous Volunteer Experience
Where did you volunteer and what did you do?

Volunteer Interest		
Please indicate the area in which you are interested in volunteering (if more than one area interests you, please check all that are applicable.) *****Positions that require a minimum commitment of volunteering two Sundays per month for no less than 6 months.***	**___ Resource Table****	**___ Special Projects**
	___ Cooking /Food Preparation	**___ Clean Up**
	___ Table Host**	**___ Sign In Table****
	___ Hygiene Kits/Backpacks**	**___ Greeter****
	___ Creative Arts/Pre-Dinner Activities**	**___ Child Care****
	___ Donation Coordination	
	___ Other (please explain):	

Volunteer Request and Availability							
Desired Position(s):							
Days/times available to volunteer:	**Sun**	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**

☐ **Weekly** ☐ **Monthly** ☐ **Quarterly** ☐ **Other**

For how long? ***Volunteers for areas that involve direct contact with our participants must commit to a minimum of 2 Sundays per month for 6 mos.*	**Short Term (3 – 6 Months)**	**Long Term (6 or more months)**	**Special Projects**

Signature: _____ Date:_____

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