

Open Gate Homeless Ministries Volunteer Application



Today's Date		Who or what prompted you to volunteer?	
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Personal Information		
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Name	Work Phone	
Street	Home Phone	
City	State	Zip
E-Mail Address	Date of Birth	Gender
How did you hear about our program?	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(if yes, please explain)</small>	If you have a disability, what accommodations would you need to volunteer?	

In case of emergency notify	
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Name	Relationship
Address	Day Phone

Employment Information	
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Employer:	Title:
Employer Address:	My employer supports my community through: <input type="checkbox"/> A Corporate Volunteer Program <input type="checkbox"/> A Matching Gift Program <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Don't Know
City/State/Zip:	
Phone:	

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

Volunteer Application Form—page 2

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							
<p>Please indicate the area in which you are interested in volunteering (if more than one area interests you, please check all that are applicable.)</p> <p><i>**Positions that require a minimum commitment of volunteering two Sundays per month for no less than 6 months.</i></p>	<input type="checkbox"/> Resource Table**		<input type="checkbox"/> Special Projects				
	<input type="checkbox"/> Cooking /Food Preparation		<input type="checkbox"/> Clean Up				
	<input type="checkbox"/> Table Host**		<input type="checkbox"/> Sign In Table**				
	<input type="checkbox"/> Hygiene Kits/Backpacks**		<input type="checkbox"/> Greeter**				
	<input type="checkbox"/> Creative Arts/Pre-Dinner Activities**		<input type="checkbox"/> Child Care**				
	<input type="checkbox"/> Donation Coordination						
	<input type="checkbox"/> Other (please explain):						
Volunteer Request and Availability							
Desired Position(s):							
Days/times available to volunteer:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other							
For how long? <i>**Volunteers for areas that involve direct contact with our participants must commit to a minimum of 2 Sundays per month for 6 mos.</i>	Short Term (3 – 6 Months)	Long Term (6 or more months)				Special Projects	

Signature: _____

Date: _____
