

# Volunteer Candidate Information



## Contact Information

Name		
Street Address		Apt. No.
City, State, Zip		
Cell Phone		
Home Phone		
E-mail Address		

Are you a member or regular attendee of Colorado Community Church?  Yes /  No

## Availability

During which hours are you available for volunteer assignments? (minimum of 6 hrs. per month)

- |  |   |
|--|---|
| <input type="checkbox"/> Weekday mornings (Tues/Wed)             | <input type="checkbox"/> Weekend mornings (Sun)   |
| <input type="checkbox"/> Weekday afternoons (Tues/Wed/Fri)       | <input type="checkbox"/> Weekend afternoons (Sat) |
| <input type="checkbox"/> Weekday evenings (no need at this time) | <input type="checkbox"/> Weekend evenings (Sat)   |

## Interests

**Please number "1, 2, 3" the TOP 3 areas in which you are interested in volunteering:**

### Food Pantry

- Collection
- Sorting/Stacking
- Distribution
- Pickup/delivery
- Life Champion
- Welcome Desk
- Volunteer Coordination
- Public Relations

## Special Skills or Qualifications

Note special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that can be offered to MORE Life Center clients.

- Education and Employment (GED, job training, educational resources)
- Recreation activities (adults/children)
- Healthcare (dental, family medicine, mental health, etc.)
- Housing (shelter, housing assistance, utilities, etc.)
- Spiritual Life (counseling, mentoring, evangelism, etc.)
- Transportation (church, medical appts., grocery shopping, etc.)
- Technology (computers, internet, web design)
- Recovery (Celebrate Recovery, AA, etc.)
- Other \_\_\_\_\_

*Cont'd on reverse side*

**Special Skills or Qualifications (cont'd)**

For any of the specialized areas you checked, please describe your experience in further detail.

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**Are You Bilingual?**

Are you fluent in any languages other than English? If so, please list:

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**Person to Notify in Case of Emergency**

Name	
Street Address	
City, State, Zip	
Cell Phone	
Home Phone	
E-mail Address	

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. There are some volunteer areas that may require a background check. By signing, I agree to complete a background check form, if required.

Name (printed)	
Signature	
Date	

***Thank you for completing this application form and for your interest in volunteering with the MORE Life Center.***

***For Office Use Only***

\_\_\_ Interview completed by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Background check complete (if required)

\_\_\_ Information entered into database

\_\_\_ Designated volunteer area: \_\_\_\_\_

\_\_\_ A / \_\_\_ D