

Volunteer Application

List your top 3 areas of interest, or how you would like to volunteer your time:

1) _____

2) _____

3) _____

What's the best day/time to reach you?

NOTE: If you are NOT 18 years old, your parent/guardian will need to complete this application, accompany you to orientation & come with you to volunteer.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Date: _____

Phone #: H: _____ W: _____ Cell : _____

E-mail address: _____

Names of children under 18 years old who will volunteer with you:

Yes No - This is my 1st time volunteering at Cherry Street I **DO NOT** want to be on the mailing list

Yes No - I would like to be an ongoing volunteer If yes, how often? _____

<p>Please check all skills that apply to you:</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Cooking</td> <td><input type="checkbox"/> Skilled Professional</td> </tr> <tr> <td><input type="checkbox"/> Chaplain (License not required)</td> <td><input type="checkbox"/> Gardening</td> </tr> <tr> <td><input type="checkbox"/> Data Entry</td> <td><input type="checkbox"/> Tutoring</td> </tr> <tr> <td><input type="checkbox"/> Decorating</td> <td><input type="checkbox"/> Crafts</td> </tr> <tr> <td><input type="checkbox"/> Event Planning</td> <td><input type="checkbox"/> Telemarketing</td> </tr> <tr> <td><input type="checkbox"/> Fundraising</td> <td><input type="checkbox"/> Bulk Mailing</td> </tr> <tr> <td><input type="checkbox"/> Maintenance</td> <td><input type="checkbox"/> Other...</td> </tr> </table>	<input type="checkbox"/> Cooking	<input type="checkbox"/> Skilled Professional	<input type="checkbox"/> Chaplain (License not required)	<input type="checkbox"/> Gardening	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Decorating	<input type="checkbox"/> Crafts	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Telemarketing	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Bulk Mailing	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Other...	<p>Please check all the Spiritual Gifts that apply to you:</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Administration</td> <td><input type="checkbox"/> Helps</td> <td><input type="checkbox"/> Wisdom</td> <td><input type="checkbox"/> Miracles</td> </tr> <tr> <td><input type="checkbox"/> Discernment</td> <td><input type="checkbox"/> Hospitality</td> <td><input type="checkbox"/> Teaching</td> <td><input type="checkbox"/> Missionary</td> </tr> <tr> <td><input type="checkbox"/> Evangelism</td> <td><input type="checkbox"/> Knowledge</td> <td><input type="checkbox"/> Mercy</td> <td><input type="checkbox"/> Pastor</td> </tr> <tr> <td><input type="checkbox"/> Healing</td> <td><input type="checkbox"/> Martyrdom</td> <td><input type="checkbox"/> Prophecy</td> <td><input type="checkbox"/> Faith</td> </tr> <tr> <td><input type="checkbox"/> Exhortation</td> <td><input type="checkbox"/> Giving</td> <td><input type="checkbox"/> Leadership</td> <td><input type="checkbox"/> Service</td> </tr> </table> <p>Discover your Spiritual Gifts: http://mintools.com/spiritual-gifts-test.htm</p>	<input type="checkbox"/> Administration	<input type="checkbox"/> Helps	<input type="checkbox"/> Wisdom	<input type="checkbox"/> Miracles	<input type="checkbox"/> Discernment	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Teaching	<input type="checkbox"/> Missionary	<input type="checkbox"/> Evangelism	<input type="checkbox"/> Knowledge	<input type="checkbox"/> Mercy	<input type="checkbox"/> Pastor	<input type="checkbox"/> Healing	<input type="checkbox"/> Martyrdom	<input type="checkbox"/> Prophecy	<input type="checkbox"/> Faith	<input type="checkbox"/> Exhortation	<input type="checkbox"/> Giving	<input type="checkbox"/> Leadership	<input type="checkbox"/> Service
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Yes No - My volunteer service is affiliated with a local church?

If yes, Church name? _____

Pastor's name? _____ Church phone # _____

Name of the group with-in the Church? (Ex: youth group) _____

Yes No - My volunteer work is affiliated with a local school?

If so, what school? _____ Course of study: _____

Who is your advisor/instructor? _____ Phone # _____

Yes No - My volunteer service is court-ordered?

What is your offense (what did you do)? _____

Name of County / Court? _____ / _____

Name of your P.O. _____ / Phone # _____