

light of life



Volunteer Application

Today's Date: _____

Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

I am age 18 or older: Yes No

How did you hear about us? _____

What prompted you to want to become involved as a volunteer?

Summarize your previous volunteer experience:

Please tell us in what areas are you interested in volunteering?

Direct Care - Serving at: Light House Revive Outreach

Prayer Team

Fundraising & Events Team

Administrative Support

Errands, Collecting Donations

Providing Professional Assistance: _____

When are you available to volunteer? (please circle)

Once a month Once a week Other: _____

What days of the week are best for you? _____

Mornings, Afternoons, Evenings (please circle)

Have you attended Light of Life's Essentials Training for volunteers yet? Yes No

Do you have a church affiliation? If so, where? _____

For those volunteering where driving is necessary:

Do you have a current license? Yes No

Do you have auto insurance? Yes No

Have you experienced trauma in the last 18 months? Yes No

Have you ever been convicted of a crime? Yes No

References-

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

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 misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) _____

Signature _____

Date _____