

Union Mission Volunteer Application

Updated March 2007

Name: _____ Title: Dr. Mr. Ms. Mrs.

Address: _____

City: _____ State: _____ ZIP: _____

Birthdate: ___/___/_____ Email address: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Please contact me by: (check all that apply) Email Home Phone Work Phone

Emergency Contact: _____ Relationship: _____

Phone #1: (____) _____ - _____ Phone #2: (____) _____ - _____

Education: High School College Graduate Doctorate

Are you currently a student? Yes No

If yes, School: _____ Year: _____

Area of volunteer interest: (check all that apply)

Office Work Thrift Store Computer Work Homeless Shelter

Groundskeeping Truck driving Interaction with Clients

Other: _____

How did you hear about Union Mission? (check all that apply)

Media Word of mouth Church Publications

Other: _____

Volunteer Availability:

What days are you willing to work?

Monday Tuesday Wednesday Thursday Friday

What times are you willing to work?

mornings afternoons evenings

Date you are willing to start: ___/___/_____

continued on other side . . .

Please list any special or medical needs Union Mission staff should be aware of:

Why would you like to be involved in this ministry?

Please list any previous volunteer experience:

Please describe your past, present, and future spiritual journey with God:

Your local church: _____

Pastor: _____ Phone: (____) _____ - _____

Please list two non-family members as character references:

Name: _____ Phone: (____) _____ - _____

Name: _____ Phone: (____) _____ - _____

- Quarterly Newsletter – Union Mission would like to keep you informed of happenings at the mission. If you **do not want to receive** our quarterly newsletter, please mark this checkbox. Your address will never be shared.

By signing, I attest that the above information is correct and is supplied voluntarily. It may be used and/or disclosed for the purposes of Union Mission Ministries.

Signed: _____ Date: ____/____/____