Braes Interfaith Ministries

Volunteer Application and Information Sheet

Name:						
Address:						
Phone #:						
Email:						
	Ag					
Education: HS/GED:	College:	Gr	ad School:	Major	:	
Present Employer/Retired	From:					
Name of Physician and Pe	rson to be contact	ed in case of eme	ergency:			
Physician:		Phone	t:			
Person:		Phone#	•			
Are you taking any medica	ation we should be	aware of? If so.	Medication an	d side effect we sh	nould be aware	
How did you learn about B Congregation or Organizat Do you have an Prior Volu	ion representing: _ nteer experience?	If so, please advi	se of Organiza	tion(s) and Positio		
What days and hours can y				ease Circle	C l .	
Monday Tuesday	·	•	-	•		
Hours: 9:30 AM to 2:30 PM:Are you willing to substitute in another area or another day?			U	ther:		
,		,				
/es:	No:	Day:		Area:		
	(PLEASE	TURN OVER AN	COMPLETE)			
Assignment	Days			Hours		
l.)						
2.)						

(PLEASE CHECK ALL THAT YOU ARE INTERESTED IN)
Interviewer
Literacy Program
Newspaper
Organizational/Administrative
Photography
Program/Project Development
m Receptionist/Desk
Shopper/Food Pick Up
Special Projects
Volunteer Recruiting/Training
General Maintenance
Speak: Write:
Speak: Write:
Date:
ULY NEEDED AND SINCERELY APPRECIATED!