



Interfaith Outreach

Igniting the power of community

Interfaith Outreach & Community Partners Volunteer Application

Our volunteers are the heart and hands of Interfaith Outreach and make a big impact in our community! We want your volunteer experience with us to be mutually rewarding. The following information will help us understand your skills, interests and passions and how they can be best used to meet the needs of our community. Our hope is to maximize all of the skills and experiences a volunteer brings to us. None of the questions are intended to imply any limitations or discrimination. **Thank you for your interest in volunteering.**

Name (Last, First, MI): _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (H) _____ (W) _____ (C) _____

Please Print

Professional / Work Experiences: (X) all that apply					
<input type="checkbox"/>	Communications / PR	<input type="checkbox"/>	Health Care	<input type="checkbox"/>	Social Work
<input type="checkbox"/>	Construction	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>	Teacher / Educator
<input type="checkbox"/>	Customer Service / Receptionist	<input type="checkbox"/>	Info Technology	<input type="checkbox"/>	Translator / Interpreter
<input type="checkbox"/>	Engineer / Supply Chain	<input type="checkbox"/>	Law	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Finance / Accounting	<input type="checkbox"/>	Marketing / Sales		
<input type="checkbox"/>	Food Service	<input type="checkbox"/>	Photography		
<input type="checkbox"/>	Graphic Design	<input type="checkbox"/>	Retail		

Skills: What skills would you like to share with us as a volunteer? (X) all that apply					
<input type="checkbox"/>	Athletic	<input type="checkbox"/>	Data Entry	<input type="checkbox"/>	Nutrition/Health
<input type="checkbox"/>	Bi-lingual Language(s) Spoken:	<input type="checkbox"/>	Event Planning	<input type="checkbox"/>	Organization
		<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	People Skills
<input type="checkbox"/>	Carpentry / Handy skills	<input type="checkbox"/>	Group Facilitation / Training	<input type="checkbox"/>	Truck Driver
<input type="checkbox"/>	Coach / Mentor	<input type="checkbox"/>	Interviewing	<input type="checkbox"/>	Writing
<input type="checkbox"/>	Computer Knowledge	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Crafts / Artistic / Sewing	<input type="checkbox"/>	Musician		

Specific Interest: What volunteer opportunities are you most interested in? (X) all that apply				
<input type="checkbox"/>	Administrative Support / Data Entry / Receptionist / Intake	<input type="checkbox"/>	Housing Development	
<input type="checkbox"/>	Board / Committee Member	<input type="checkbox"/>	Internship	
<input type="checkbox"/>	Childcare Helper	<input type="checkbox"/>	Meal Provider	
<input type="checkbox"/>	Direct Client Support	<input type="checkbox"/>	One-Time Projects	
<input type="checkbox"/>	Driver / Dispatcher	<input type="checkbox"/>	Preschool Education / Caring for Kids (CfKI)	
<input type="checkbox"/>	Education & Mentoring (homework, literacy, summer camp)	<input type="checkbox"/>	Resale Store	
<input type="checkbox"/>	Employment	<input type="checkbox"/>	School Supply Program	
<input type="checkbox"/>	Food Shelf	<input type="checkbox"/>	Other (please specify):	
<input type="checkbox"/>	Fundraising Activities & Events			
<input type="checkbox"/>	Holiday Gift Program			

Volunteer Availability: (X) all that apply							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Willing to Volunteer: Weekly Monthly Occasionally

Do You Prefer to Work: (X) all that apply

<input type="checkbox"/>	Alone	<input type="checkbox"/>	Directly with clients	<input type="checkbox"/>	Leading groups of people
<input type="checkbox"/>	At home	<input type="checkbox"/>	In large groups	<input type="checkbox"/>	On specific tasks
<input type="checkbox"/>	Behind the scenes	<input type="checkbox"/>	In small groups	<input type="checkbox"/>	Other

Have you received services from Interfaith Outreach in the last 12 months? Yes No
Would you like to receive our monthly e-newsletter? Yes No

The following information is helpful for our grant writing and funding purposes:

Your Age Group: Middle School High School Adult Senior (60+)

Birth Date: _____

Name of your Church / Synagogue / Mosque affiliation (if applicable): _____

Civic/Other Affiliations: _____

Education/Training, list any degrees, licenses or certificates: _____

Employer or Former Employer: _____

School, if Student: _____

How did you hear about Interfaith Outreach? _____

Additional Comments/Requests: _____

Emergency Contact Information:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Statement of Understanding, Authorization and Confidentiality: I certify that the information I have given in this application is true and complete. I understand that submitting this application does not guarantee my acceptance into the Volunteer Program, and that assignment of volunteer work is based on the needs of Interfaith Outreach. I authorize Interfaith Outreach to run a criminal background check and/or driving record check, if needed for the volunteer position. I agree to respect the confidentiality standards of Interfaith Outreach

- All client information related to all forms of assistance provided by Interfaith Outreach is confidential.
- All information related to all forms of assistance provided by individuals and community groups is confidential.
- All information shared by Interfaith Outreach volunteer, is confidential.

Signature _____ Date _____

Parent's Signature (if under 18) _____ Date _____

Release to use photos/videos for promotional purposes: I understand that Interfaith Outreach may take photos/videos which may include me while I am participating in activities. I hereby agree to allow Interfaith Outreach to use my image and name in any medium or form of distribution, and for whatever purposes, including promotional and advertising uses.

Signature _____ Date _____

Parent's Signature (if under 18) _____ Date _____

FOR OFFICE USE ONLY

Activity 1 _____ Activity 2 _____ Activity 3 _____

Adult Student CommServ CLN