

# *Friends of Whispering Pines (FoWP)*

## Volunteer Application

|   |                         |                         |
|---|-------------------------|-------------------------|
| Last Name _____   | First _____             | Initial _____           |
| Address _____   |                         |                         |
| Birthdate ___/___/___   | Daytime phone ( ) _____ | Evening phone ( ) _____ |
| Cell phone ( ) _____  | Email address _____     |                         |
| Best time to be reached _____ Preferred choice of contact: Email Home Work Cell |                         |                         |
| Driver's License # _____ Expiration Date _____                                  |                         |                         |

Age Category: \_\_\_18-24 \_\_\_25-55 \_\_\_56-64 \_\_\_65 & over

Gender: \_\_\_Male \_\_\_Female

|  |             |
|--|-------------|
| <u>Current Employer or School</u>  |             |
| Name _____   | Phone _____ |
| Address _____  |             |
| IF Retired, from where _____   |             |
| Highest Grade Completed ___GED ___High School ___Assoc. ___B.A. ___M.A. ___Phd |             |
| Degree(s)/Major(s) _____   |             |

Physical limitations or medical restrictions/allergies \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

|  |
|--|
| How you heard about FoWP _____   |
| Your reason for volunteering _____   |
| Time commitment desired: ___1 time event ___weekly ___monthly ___seasonally ___ongoing |
| Number of hours you wish to volunteer (if specific) _____                              |

Days and times available: \_\_\_\_\_ Date you would like to start \_\_\_\_\_

Please briefly describe your relationship with Jesus:

Type of volunteer experiences you might be interested in \_\_\_\_\_

What you hope to gain or learn from this experience \_\_\_\_\_

Interests and Skills

List some of your favorite activities \_\_\_\_\_

Check volunteer areas that you are interested in or have skills in:

- |   |                                     |   |   |
|---|-------------------------------------|---|---|
| <input type="checkbox"/> Young Children                                 | <input type="checkbox"/> Elementary | <input type="checkbox"/> Teens                        | <input type="checkbox"/> College age      |
| <input type="checkbox"/> Adults   | <input type="checkbox"/> Seniors    | <input type="checkbox"/> Families                     | <input type="checkbox"/> Food Pantry      |
| <input type="checkbox"/> Education                                      | <input type="checkbox"/> Tutoring   | <input type="checkbox"/> Social Work                  | <input type="checkbox"/> Parent Education |
| <input type="checkbox"/> Clerical                                       | <input type="checkbox"/> Computers  | <input type="checkbox"/> Cooking                      | <input type="checkbox"/> Clothing Room    |
| <input type="checkbox"/> Reading  | <input type="checkbox"/> Writing    | <input type="checkbox"/> Arts & Crafts                |   |
| <input type="checkbox"/> Carpentry/Construction                         |                                     | <input type="checkbox"/> Handyman Skills (list) _____ |   |
| <input type="checkbox"/> Sports (list) _____                            |                                     |   |   |
| <input type="checkbox"/> Business or Professional skill(s)-(list) _____ |                                     |   |   |
| <input type="checkbox"/> Special Events/One time Events _____           |                                     |   |   |
| <input type="checkbox"/> Other (list) _____                             |                                     |   |   |

**For ALL volunteers:**

I agree that the information presented in this volunteer application is accurate to the best of my knowledge. I also agree to allow Friends of Whispering Pines to do a criminal background check on me. (The information gathered in the criminal background check will be viewed by the Friends of Whispering Pines Board of Directors only and will not be shared with anyone else.)

Signature: \_\_\_\_\_ Date \_\_\_\_\_