

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 _____