 **SERVANTS ARMS** **Community Based Organization**

Servants Arms CBO encourages the participation of volunteers who support our mission, *“Through God’s love, building a stronger community with meaningful services and resources, one person at a time”*. If you agree with our mission and are willing to be trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in our organization.

|  |
| --- |
| **Volunteer Application Form** |
| Last Name: | First Name: |
| Address: |
| Telephone: | Today’s Date: |
| Email: |
| Gender: | Male | Female |
| Age Group: | Under 18 | 18-25 | 26-40 | 41-55 | Over 55 |
| **Please select the area you wish to volunteer in:** |
| Administration | Events | Food Bank |
| Fundraising | Deliveries | Communication |
| Other: (Please explain) |
| **Please indicate days available:** |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| **Please indicate times available:** | From: | To: |
| Any physical limitations that would prevent you from doing the job? |
| In case of emergency contact: |
| Please tell us why you want to volunteer with our organization: |
| Please tell us about any educational background, work or volunteering experience that would be relevant to the volunteer role you are applying for: |
| If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role. |
| What hobbies, skills, special interests or qualities do you have that may be relevant to the volunteer role you are applying for? |

***As a volunteer of Servants Arms, I agree to abide by the policies and procedures. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.***

|  |  |
| --- | --- |
| Signature: | Date: |

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*For Office Use ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

|  |  |
| --- | --- |
|  | Sensitivity Training Video Completed |

**2.27.20**