

# OZARK SHARE & CARE VOLUNTEER APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMERGENCY CONTACT & PHONE: \_\_\_\_\_

EMPLOYED? Yes No WHERE? \_\_\_\_\_

SPECIAL TRAINING: \_\_\_\_\_

INTERESTS/HOBBIES: \_\_\_\_\_

HAVE YOU DONE VOLUNTEER WORK BEFORE? Yes No

WHERE \_\_\_\_\_ WHAT \_\_\_\_\_

WHAT DAY(S) CAN YOU WORK? Mon Tues Wed Thurs Fri Sat

HOURS: Morning: \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

HOW OFTEN? Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_

ARE YOU REPRESENTING: Agency Church School NAME \_\_\_\_\_

WHO PROMPTED YOU TO VOLUNTEER WITH US? \_\_\_\_\_

## REFERENCES

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

What is the month and day of your birthday: \_\_\_\_\_

*When you complete this application, please call Joy or Johnny at 741-3130*