



Volunteer Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Ph: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

How do you know about the Compassion Society?

\_\_\_\_\_

Why do you want to volunteer with the Compassion Society?

\_\_\_\_\_

Please describe any past volunteer experience?

\_\_\_\_\_

What role would you like to perform at the Compassion Society? (you can check more than one)

- Organizing clothes
- Assisting clients
- Administration

Do you speak any languages besides English? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide two references:

1. Name: \_\_\_\_\_

Ph: \_\_\_\_\_

Relationship (i.e. supervisor, friend, pastor) \_\_\_\_\_

2. Name: \_\_\_\_\_

Ph: \_\_\_\_\_

Relationship (i.e. supervisor, friend, pastor) \_\_\_\_\_

What days and times are you available (check all that apply)

- Daytime
- Evenings
- Weekends

THE INFORMATION I HAVE GIVEN IS TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I PLACED, FALSE STATEMENTS ON THIS APPLICATION FORM IT MAY DISQUALIFY ME FROM MY VOLUNTEER POSITION.

I UNDERSTAND THAT CLIENTS ARE TO BE TREATED WITH KINDNESS AND RESPECT. CLIENT INFORMATION IS CONFIDENTIAL AND IF NOT TREATED AS SUCH, IS CAUSE FOR DISMISSAL.

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