



Affiliate of Community Housing Advocates, Inc.



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Individual Volunteer Application

Name (Print):		
Address:		
Daytime Phone:	Cell Phone:	
E-mail Address:		
Emergency Contact:		
Emergency Contact Phone:		
Placement Preference: ___ Mercy Housing and Shelter ___ My Sisters' Place ___ Greatest Need		
1) Would you like an on-going, short-term, or one-time assignment? <input type="checkbox"/> On-going <input type="checkbox"/> Short-term <input type="checkbox"/> One-time		
2) What is the reason you want to volunteer?		
3) Do you have a skill or area of expertise that you are willing to share? (i.e., graphic design, carpentry, gardening, cooking)		
Do you have a particular area you would like to volunteer?		
<input type="checkbox"/> Serve a Meal	<input type="checkbox"/> Prepare & Deliver a Meal	<input type="checkbox"/> Prepare & Deliver Dessert
<input type="checkbox"/> Fundraise	<input type="checkbox"/> Coordinate a Collection	<input type="checkbox"/> All Day Service Project
4) Do you have a particular date, day and time in mind?		
5) Where are you employed?*		
* Mercy and My Sisters' Place are continually researching new sources of funding for our programs. Many companies require that employees volunteer with an organization in order to be eligible to apply for funding. By sharing with us your employer's name, you are helping us in our application process for future grant funding opportunities.		
6) Please provide two references:		
Name:	Relationship:	
Contact Information (phone and/or email):		
Name:	Relationship:	
Contact Information (phone and/or email):		
Signed: _____		