

## Individual Volunteer Application

Name (Print):	
Address:	
Daytime Phone:	Cell Phone:
E-mail Address:	
Emergency Contact:	
Emergency Contact Phone:	
Placement Preference: ___ Mercy Housing & Shelter Corp ___ 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)	
4) Do you have a particular area where you would like to volunteer? ___ Serve a meal      ___ Prepare & Deliver a Meal                      ___ Prepare & Deliver Dessert ___ Youth program      ___ Coordinate a Collection (i.e. toiletry kits) ___ All Day Service Project ___ Organize food pantry/clothing closet      ___ Lead an activity for adults (i.e. arts & crafts) ___ Help with yard work or other facility project	
5) Do you have a particular date, day and time in mind?	
6) Where are you employed?*	
* Mercy and My Sisters' Place are generously supported by local businesses/corporations. These local businesses/corporations ask us to report on volunteer efforts by their employees. By sharing with us your employer's name, you are helping us maintain and grow our sources of funding.	
7) Please provide two references:	
Name:	Relationship:
Contact Information (phone and/or email):	
Name:	Relationship:
Contact Information (phone and/or email):	
Signed: _____	