

Volunteer Application

The goal of the volunteer application and interview is for ESM staff to learn more about you, for you to learn more about the role of ESM volunteers and to determine if this volunteer opportunity is a good match for your interests and skills. An invitation to be interviewed does not guarantee acceptance into our volunteer program.

Contact Information

Name	
Street Address	
City, State, Zip Code	
Home Phone	Cell Phone:
Work Phone	
E-Mail Address	
Date of Birth (M/D/YR)	
Church Membership	

Availability

During which days and hours are you available for regular volunteer assignments?

Circle available days please: Mon Tue Wed Thu Fri

Mornings (8:45 a.m. to 11:30 a.m.)

Afternoons (12:15 p.m. to 3:00 p.m.)

I am also available to be On Call

I am available for Special Projects

What date can you begin volunteering? _____

Volunteer Positions

Clothing Closet/Donations Worker

Pantry Worker (computer or non-computer)

Guest Services Interviewer

Shower Monitor

Front Desk Client Intake (computer skills needed)

Telephone Receptionist

Licensed Hair Cutter

Employment / Education

Current or Former Occupation/Company:

Highest Education:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities.

Are you fluent in other languages, other than English? If yes, which?

Additional Information

Describe any limitations on activities.

Have you ever been convicted of a felony? If yes, please explain.

Previous Volunteer Experience

Summarize your current/previous volunteer experience. What do/did you enjoy most? The least?

Why do you want to volunteer with ESM?

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Home Phone	Cell Phone:
Work Phone	

Agreement and Signature

I affirm that the facts set forth in this application are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand and consent that a background check will be conducted. I also understand that my volunteer service may be terminated for any reason deemed appropriate by the ESM Executive Director and Staff.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of ESM to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, gender expression, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

Status (Staff Use Only)

Volunteer Start Date:

Area/Position Assigned: