



Volunteer Application

Date: _____

Name _____ Cell Phone _____

Address _____

Email Address _____

Date of Birth _____ State/Driver's License # _____

Please list person we should contact in an emergency:

Name Address Phone#

What local church do you attend? May we contact? _____

Do you have a Criminal Record? _____ (if yes, please explain) _____

Do you have any physical limitations? _____ if yes, please explain) _____

Why are you interested in volunteering for the Philippians Place? What do you expect from your
Involvement here? _____

What volunteer position are you currently applying for? _____

What days and times are you interested in volunteering? _____

I certify that to the best of my knowledge; the above information is correct.

Signature _____ Date _____

Please note: All information will be held confidentially. Only Philippians Place Executive Director and Program Coordinator will have access to this information.