



1919 Leopard Street P. O. 4899 Corpus Christi, TX 78469-4899
(361) 887-0151 Fax (361) 888-4121

Volunteer Information

Date _____

Name _____

Street Address _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

Home Phone _____ Alternate Phone _____

Email (if any) _____

Date of Birth Month _____ Day _____ Year _____

Highest Level of Education _____

Place of Employment (if any) _____

Occupation _____

Please indicate what days and what times you would be available to volunteer:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

Please indicate the ministries which interest you in order of preference:

____ Loaves & Fishes ____ Administration ____ Vineyard Services

____ Gabbard Clinic & Pharmacy ____ Rainbow House ____ Rustic House

How much time would you be willing to commit our agency?

One time event Short term activity (1-2 months) Long term activity

Are you volunteering as a part of a group? Y N If yes, please identify group name and group coordinator: _____

How did you learn about our agency? _____

Do you have a food handler's card? ____ Yes ____ No If yes, please provide a copy.

What church, synagogue or temple are you affiliated with? _____

What aspect of our program or mission motivates you most to be a volunteer?

What would you like to experience by volunteering with our agency?

Identify special skills you believe might benefit this organization: (example: food service, computer skills, writing, web/graphic design, public speaking, mentoring, event organization, health provider, etc.)

Based on previous volunteer experience, what did you like the most? What did you like the least?

Please list any physical limitations that might affect your work as a volunteer.

Have you ever been convicted of a crime? _____ Explain the outcome

Please list personal references not related to you:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

In case of emergency, please notify:

Name _____ Relationship _____

Address _____

Home Phone _____ Alternate Phone _____

911 Instructions (allergies, medications, existing conditions, etc.)
