

Contact Info _____ DATE _____ ACTION _____

Volunteer Application



Contact Information

Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Birthday	Month	Day
Person to Notify in Case of Emergency	Phone#	

Type of Volunteer

Individual: Regular/Ongoing	Graduation Req. Hours Required: _____ To be completed by: _____	Diversion/Comm. Svc Hours Required: _____ To be completed by: _____
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Availability

During which hours are you available for volunteer assignments?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings	Days Available M T W TH F S SUN Hours per week 1 2 3+
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons	
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings	

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Administration	<input type="checkbox"/> Childcare
<input type="checkbox"/> Events	<input type="checkbox"/> Scanning Meal Cards
<input type="checkbox"/> Meal Program	<input type="checkbox"/> Gardening
<input type="checkbox"/> Facility (Cleaning & Maintenance)	
<input type="checkbox"/> Receptionist	
<input type="checkbox"/> Shower and Laundry	
<input type="checkbox"/> Other	

Education, Special Skills or Qualifications

Education completed (Circle) High School College Graduate Degree

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

Previous Volunteer Experience

Summarize your previous volunteer experience.

Protection and Safety

Have you ever been arrested or charged, with anything other than a minor parking violation? If so, please explain.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it 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.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for your interest in volunteering with us.

Please complete and return this form to
Joy Blythe, Volunteer Coordinator
Matt Talbot Kitchen & Outreach, P.O. Box 80935, Lincoln, NE 68501
joy.blythe@mtkserves.org
Phone: 402-477-4116

OFFICE USE ONLY

_____(Orientation)_____ (Placement)_____ (DATE)