



a hot meal. a warm bed. a return path to housing.

### Volunteer Application

Please print clearly and complete the entire form.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last Maiden

Date of Birth: \_\_\_\_\_ Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_

Ethnicity: Asian / Black / Hispanic / White / American Indian / Pacific Islander / Other (For background check)

Gender: MALE / FEMALE Preferred Contact Method: PHONE / EMAIL

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you lived in Wilmington, NC? \_\_\_\_\_

What states have you lived in over the past 10 years? \_\_\_\_\_

Highest level of education: High School / GED / Some College / Associates / Bachelors / Masters / PhD

Area(s) of study: \_\_\_\_\_

Under 18 years old? YES / NO

If yes, your chaperone\* for your service will be: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Chaperones for volunteers under 18 will also need to submit an application.

### Consent for Criminal Background Information Check

My signature below authorizes Good Shepherd Ministries of Wilmington, Inc. (Good Shepherd Center) to obtain any criminal history record information pertaining to me, which may be in the files of any federal, state or local criminal justice agency in the United States of America. I understand that this information will be used to evaluate my ability to volunteer and my qualification for referral to specific volunteer assignments through Good Shepherd Center.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please bring photo ID to your volunteer orientation. We will need to make a copy for our records.**

Why do you want to become a Good Shepherd Center volunteer? \_\_\_\_\_  
\_\_\_\_\_

List any specific skills: \_\_\_\_\_  
\_\_\_\_\_

Do you need to document required service hours? YES / NO

If yes, for what? \_\_\_\_\_  
how many? \_\_\_\_\_  
by when? \_\_\_\_\_

**Good Shepherd Center does not accept court mandated or attorney recommended service hours.**

### Availability

Date you can begin: \_\_\_\_\_; End date (if applicable): \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM hours available							
PM hours available							

Frequency: WEEKLY / MONTHLY / ON-CALL / OTHER \_\_\_\_\_

Additional comments: \_\_\_\_\_

### Program Interest

- Day Shelter       Night Shelter       Second Helpings/Pantry       Soup Kitchen  
 Maintenance       Recycling       Special Events/Fundraising       Enrichment Activities  
 Office       Sgt. Eugene Ashley Center       SECU Lakeside Reserve       Undecided