



## Volunteer Application

Please print clearly and complete both sides of the form. Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ \*Volunteers under 18 must be accompanied by a chaperone.  
Chaperone(s) will also need to submit an application.

Gender: MALE FEMALE Preferred Contact Method: PHONE EMAIL

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

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

Ethnicity: Asian Black Hispanic White American Indian Pacific Islander Other

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

How long have you lived in the area? \_\_\_\_\_

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

Are you currently a student? YES / NO If so, where are you enrolled? \_\_\_\_\_

Are you currently employed? YES / NO If so, where do you work? \_\_\_\_\_

List any volunteer experience: \_\_\_\_\_

\_\_\_\_\_

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 fulfills court mandated or attorney recommended hours on a case by case basis. Interested applicants must contact the Community Coordinator at least 60 days prior to the due date of their service hours and provide documentation of their need to complete community service.**

### 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
- Office       Sgt. Eugene Ashley Center       SECU Lakeside Reserve       Undecided

### Consent for Background 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Once this application is received and processed, you will be contacted to schedule a volunteer orientation.