

**Of One Accord Ministry Community Nutrition Services
Volunteer Application**

Name _____ Age _____ DOB _____

Address _____

Daytime Phone _____ Evening Phone _____

Cell Phone _____ Email _____

Church Affiliation _____ Pastor's Name _____

Pastor's Phone Number _____ How long have you attended? _____

or someone other than a relative who can recommend you as a volunteer

Name _____ Phone Number _____

Relationship to you? _____ How long have you known him/her? _____

In case of an emergency, notify? _____ Phone Number _____

Do you have any medical conditions that we need to know about? ___ Yes ___ No

If yes, please give details _____

In what capacity would like to volunteer? (See the back for details about each program area)

- | | | |
|---|--|---|
| <input type="checkbox"/> Lay Health Promoter | <input type="checkbox"/> Assisting in Kitchen | <input type="checkbox"/> Home Visits |
| <input type="checkbox"/> Meal Delivery | <input type="checkbox"/> Delivering Food Boxes | <input type="checkbox"/> Other Capacity |
| <input type="checkbox"/> Meal Program for Children & Youth (Bus Ministry) | | |

Please describe other _____

Briefly tell why you want to volunteer for this program _____

How did you learn about our community nutrition program?

- | | | | |
|--------------------------------------|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Church | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Television | <input type="checkbox"/> Shepherd Center |
| <input type="checkbox"/> Civic group | <input type="checkbox"/> Radio | <input type="checkbox"/> A friend | <input type="checkbox"/> Other _____ |

Staff Use Only

Reviewed by _____ Approved for volunteering? ___ Yes ___ No

Will start on _____ Confidentiality form signed? ___ Yes ___ No

If working with bus ministry, has background check been conducted? ___ Yes ___ No