



PEOPLE
TO
PEOPLE
MINISTRIES

For Office Use Only:

Scheduled Work Day _____

Scheduled Shift: _____

Department _____

Assignment _____

Assigned Manager _____

Volunteer Application

Your Information:

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Emergency Contact Information: In the event of an emergency, who should we contact?

Name: _____ Relationship: _____

Phone Number: _____

Additional Information:

What volunteer opportunity are you interested in? _____

How did you learn about People To People Ministries' Volunteer Opportunities?

Have you been a volunteer at People To People Ministries before? Y ___ N ___

If Yes, in what capacity? _____

Have you been a client at People To People Ministries before? Y ___ N ___

If yes, what services did you receive? _____

When did you last receive assistance? _____

Do you receive our Newsletter? Y ___ N ___

Would you like to receive our Newsletter by Email? Y ___ N ___

How many days you would be available to volunteer? _____ Available start date: _____

What days of the week are you available? _____

Do you prefer mornings, afternoons, or no preference? _____

Sign: _____ Date: _____