



OFFICE USE ONLY

First contact date _____

Orientation date _____

Date active _____

Job title _____

Day(s) _____ AM PM

Day(s) _____ AM PM

VOLUNTEER APPLICATION

Mr., Ms., Mrs., Miss Name _____
(circle one)

Social Security or ITIN Number (optional) _____

Address _____

City _____ State _____ Zip _____ - _____

Phone (H) _____ (W) _____ (C) _____ (E-mail) _____

Birth Date _____ Highest Level Completed in School _____

Present (or former, if retired) Occupation _____ Employer _____

Spouse or significant other _____

Are you fluent in any language besides English? If so, which one(s)?

Do you have computer experience? _____ If so, which programs?

Church Affiliation/Membership _____ City _____

Special interests, talents, hobbies, why you want to volunteer at Grace Network

Volunteer Work Preference

(check all that apply)

- | | | |
|--|---|---|
| <input type="radio"/> Food Room | <input type="radio"/> Office Work | <input type="radio"/> Warehouse
Stocking |
| <input type="radio"/> Computer Clerk | <input type="radio"/> Receptionist | <input type="radio"/> Interviewer |
| <input type="radio"/> Special Mailings | <input type="radio"/> Greeter | <input type="radio"/> Special
Projects |
| <input type="radio"/> Cleaning | <input type="radio"/> Maintenance and repairs | |

Time Commitment and Availability

- Prefer one-time assignment
- On call, as needed
- Once a month
- Once a week
- Other _____

Volunteer Signature: _____

Date: _____

Please return this form to: Betty Heaton, Volunteer Coordinator
Grace Network of Martinsville and Henry County
PO Box 3902
Martinsville, VA 24115