



Volunteer Application

Name _____ **Under 18** Yes No

Address _____ **City** _____ **State** _____ **Zip** _____

Home # _____ **E-mail:** _____

Work # _____ **Employer:** _____

Mobile: _____

Emergency # and contact name: _____

How did you hear about us? _____

Volunteer Preferences (Check the areas of interest)

After School	Marketing Committee
Board	Program Committee
Childcare Center	Service Projects
Community Learning Lab	Single Parent Program
Development	Summer Camp
Events and Fundraising	Transitional Housing Committee
Volunteer to Teach a Class (COS "U" Evening Adult Classes)	

Any Experience? List Here:

Availability

Hours available

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Three References

Name	Relationship	Contact Numbers
_____	_____	_____
_____	_____	_____
_____	_____	_____

I confirm that all information given on this application is true and correct. I give permission for COS to verify this information, e.g. conduct a criminal background check. All information given to Christ Our Shepherd Ministries is held confidential.

In case of emergency, I give COS permission to obtain medical help for me and release the agency from all liability associated with my treatment.

I take the following medications _____
 and am allergic to _____

Signature: _____ **Date:** _____