



ID#: _____

VOLUNTEER INFORMATION SHEET

Today's Date / /

Name: _____ Preferred Name: _____ Date of Birth: / /

Email Address: _____ Spouse's Name: _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (please check your preferred phone number):

Home _____

Fax _____

Office _____

Mobile _____

How did you hear about BCM? _____

Church Affiliation/Sunday School Class (if applicable): _____

Please list any community or professional groups of which you are a member:

Emergency Contact Name _____ Phone _____

Relationship _____

Physician Name _____ Phone _____

Preferred Hospital _____

Do you have any physical limitations? _____

Have you ever received services from BCM? Yes No If yes, when were services last received? _____

Have you ever been charged with or convicted of a criminal or civil offense (circle one)? Yes No

If yes, please explain: _____

Do you use any illegal substances (circle one)? Yes No

Have you ever been hospitalized for substance abuse (circle one)? Yes No

If yes, please explain: _____

SIGNED: _____ DATE: _____

Confidentiality Statement: I agree to respect the dignity and guard the privacy of the people who I may meet in my role as a volunteer at Buckhead Christian Ministry. All client information must remain confidential.

Volunteer Personnel Policies: I have read and understand the Volunteer Personnel Policies. I agree to follow these policies in all my work with Buckhead Christian Ministry.

Photo Release: I give Buckhead Christian Ministry permission to use photographs of me in promotional materials for the ministry. The photographs may not be used for any other purpose or in any other context without additional signed consent from me.

SIGNED _____ DATE _____

PLEASE ANSWER EVERY QUESTION.

PLEASE PRINT NEATLY.

How often would you like to volunteer?

1-2 times per month 1-2 times per week Varies depending on my other commitments

Please check all times when you are available to volunteer:

Weekday afternoons Weekday mornings Weekday evenings Saturdays

Which of the following volunteer opportunities interest you? Please check all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Helpline | <input type="checkbox"/> Thrift Store | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Administrative | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Intake | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Money Management | <input type="checkbox"/> Food Pantry | _____ |

What are your expectations of volunteering with BCM? _____

Do you have any hobbies, special talents or interests (personal or professional) that you would like to incorporate into

your volunteer experience? _____

Are you currently:

Employed full time Employed part time Self-employed Not working or retired

Employer: _____ Title _____

Please detail any relevant work experience that will assist you in volunteering with BCM.

Please list any other organizations for which you volunteer or of which you are a member:

Do you speak any foreign languages? _____ If so, which? _____

Have you worked with the working poor or homeless populations in the past? Have you been a volunteer in a similar capacity in the past? If so, please explain. _____
