Volunteer Application

Personal Information

Name (First)   (Middle)   (Last)

Birth Month / Day

Street Address

City

Home Phone Number   Alternate Phone Number/Cell #

Email Address

Communication preferences: ☐ Home Phone ☐ Cell Phone ☐   Te☐ Email ☐ Any

Emergency Contact Name   Phone Number   Relationship

How did you hear about Love INC?

Have you ever been convicted of a felon? ☐   ☐ No   Yes Describe:

Church Information and Reference

Church Name

Denomination

Pastor's or Church Leader's Name

Phone Number

Areas of Interest

☐ Mentor* (requires minimum
   1-2 year commitment)
    ☐ Budgeting
    ☐ Life skills
    ☐ Parenting
    ☐ Faith
☐ Life Skills Instructor
☐ Reception (greet/answer
   phones)

☐ General Office Assistance
☐ Personal Care Closet
   assistance
    ☐ Packing
    ☐ Organizing
    ☐ Distribute at Food
banks
    ☐ Transport bags to Food
     banks / Love INC office
☐ Grant Writing

☐ Client Intake
☐ Transport clients to
    appointments / grocery
    store
☐ Visit neighbor in need
☐ Special events / hospitality
☐ Parsonage Ministry
☐ Moving assistance
☐ Bike Outreach

How often would you like to serve?
☐ Daily   ☐ Weekly   ☐ Monthly   ☐ As needed   ☐ Special events

Availability (days & times)

❖ **Please proceed to Page 2**
❖ **If you are interested in Mentoring, please also complete Page 3 of this application.**

✦ **Submit to Love INC office or Email to clearinghousecoordinator@loveincgreaterhershey.org** ✦

Spiritual Information

Please describe your relationship with Jesus Christ.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

How does your relationship influence your interest in serving?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Volunteer Application, p.3

Mentor Information – REQUIRED if applying to be a mentor

Please list at least 3 other people who are familiar with your faith and your abilities to serve in ministry to others. We will send them a reference request. Please do not list relatives.

Reference # 1 Name

Street Address   City, State, Zip

Phone Number   Email Address

Reference #2 Name

Street Address   City, State, Zip

Phone Number   Email Address

Reference # 3 Name

Street Address   City, State, Zip

Phone Number   Email Address

BUDGETING MENTORS will be required to provide a recent Credit Report (within the last 60 days) following initial approval of this application. Are you willing to comply with this requirement?   YES ☐   NO ☐