

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 felony? Yes Describe: _____ No

Church Information and Reference

Church Name _____ Denomination _____

Pastor's or Church Leader's Name _____ Phone Number _____

Areas of Interest

- | | | |
|---|---|--|
| <input type="checkbox"/> Mentor* (requires minimum 1-2 year commitment) | <input type="checkbox"/> General Office Assistance | <input type="checkbox"/> Client Intake |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Personal Care Closet assistance | <input type="checkbox"/> Transport clients to appointments / grocery store |
| <input type="checkbox"/> Life skills | <input type="checkbox"/> Packing | <input type="checkbox"/> Visit neighbor in need |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Organizing | <input type="checkbox"/> Special events / hospitality |
| <input type="checkbox"/> Faith | <input type="checkbox"/> Distribute at Food banks | <input type="checkbox"/> Parsonage Ministry |
| <input type="checkbox"/> Life Skills Instructor | <input type="checkbox"/> Transport bags to Food banks / Love INC office | <input type="checkbox"/> Moving assistance |
| <input type="checkbox"/> Reception (greet/answer phones) | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> 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 ✦

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