

Alpha Care Center - Volunteer Application

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____ Birthdate: _____ Single Married

Emergency Contact Information: _____ Phone: _____

What location would you like to volunteer: _____ Lake Odessa _____ Lowell _____ Both

Referral Source: _____ Church _____ Friend/Relative _____ Current Volunteer _____ Other

Why are you interested in being a volunteer at Alpha Care Center?

List three of your strengths that would assist in being a volunteer for Alpha Care Center:

Do you attend a church: _____ If so, what church: _____

Experience:

Current/Previous Employment: _____ Date Ended: _____

Previous Employment: _____ Date Ended: _____

Previous Employment: _____ Date Ended: _____

Previous/Current Volunteer Experience: _____

Previous/Current Volunteer Experience: _____

Previous/Current Volunteer Experience: _____

Previous/Current Volunteer Experience: _____

References:

Please provide three references (not family) who have known you for three or more years.

Name: _____ **Relationship:** _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Phone: _____

Name: _____ **Relationship:** _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Phone: _____

Name: _____ **Relationship:** _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Phone: _____

Volunteer Availability:

Position Interested In: _____ Client Advocate _____ Receptionist _____ Sorter _____ Other:

Please fill in the times you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday
Lowell (8-5pm)	Lowell (10-8 pm)	Lowell (8-5 pm)	Lowell (10-8 pm)
Lake Odessa - Closed	Lake Odessa (3-8 pm)	Lake Odessa (3-8 pm)	Lake Odessa (3-8 pm)

Briefly share your faith: _____
