



Volunteer Application

Please Print

Date: _____

Name: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____ Birth Date: ____/____/____
Month/ Day

Are you related to any Turning Point employee or volunteer? Yes No
If yes, who? _____

Have you or a family member ever received service from Turning Point? Yes No

Emergency Contact

Name: _____ Phone: _____

Education and Employment Background

Please circle highest grade completed

High School: 1 2 3 4 College: 1 2 3 4 Graduate _____ Other: _____

Currently Attending: _____ Major Course of Study: _____

Present or most recent employer's name: _____

What days/times do you work? _____

What is your occupation? _____

Please provide a professional reference Name: _____

Relationship: _____ Phone Number: _____

Volunteer Availability/Interests

Physical Limitations Yes No

If yes, please explain: _____

Please check the days and times you would be available to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time do you prefer to volunteer: Morning Afternoon Evening

Please let us know your interests or talents:

- Technology/Computer skills
- Hairstyling/Cosmetology
- Speak a foreign language(specify): _____
- Art/Crafting
- Writing/Photography

Special Events/Fundraising:

- In Kind Donation Requests
- 3rd Party Events
- Mailings
- Holiday Giving Program – Dec.
- Fair/Fall Diddley – May/Oct.
- Annual Dinner/Auction-April
- Candlelight Vigil – October
- Radiothon - August
- Santa Run - December
- Human Race - April

Volunteer Opportunities

Non – Direct

- Donation/Pantry Organization
- General Office/Computer
- Panera Bread Pick-up and Bagging
- Turning Point Ambassador
- Maintenance Volunteer
- Childcare Services
- Gardening/Landscaping
- Donation Drive's

Direct Service

*****If you are interested in volunteering to work directly with clients please note there is a required evaluation period and the approved completion of domestic violence 40-hour training.***

- Shelter Childcare
- Office Support
- Career Development
- Shelter Children's Activities
- Tutoring
- Shelter Holiday Activities

PLEASE NOTE: You will need to get a background check. Forms will be provided. I hereby affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for a volunteer position and may result in discharge even if discovered at a later date. I hereby authorize Turning Point to make any inquiries (including a criminal background check) to determine my ability for volunteer service with the understanding that any misrepresentation I make will be just and due cause for a non-acceptance or dismissal as a volunteer.

Signature: _____ Date: _____

If applicant is a high school student (if under 18):

I give permission for my son/daughter to be a teen volunteer at Turning Point and verify that the information provided on this application is true and complete.

Parent/Guardian Signature: _____ Date: _____