



# 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 check 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
- 3<sup>rd</sup> 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: \_\_\_\_\_