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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *McKinley Community Outreach Center*VOLUNTEER SERVANT APPLICATION | | | | | | | | | |
| **I would like to volunteer at:  During the week  During distributions  Food Pantry** | | | | | | | | | |
|  | | | | | | | | | |
| First Name: | | Middle Initial: | | | Last Name: | | | | |
| Name preferred to be used: | | | | | Birthday: | | | | |
| Maiden name or AKA: | | | | | | | | | |
| Street address: | | | | | | | | | |
| City: | | | State: | | | ZIP Code: | | | |
| Home Phone: | | | Work Phone: | | | | Cell Phone: | | |
| E-mail: | | | | | | | | | |
| Church: | | | | | | City: | | | |
| Emergency contact Name AND PHONE NUMBER: | | | | | | | | | |
|  | | | | | | | | | |
| 1) How did you learn about the McKinley Center? | | | | | | | | | |
| 2) Why are you interested in volunteering here? | | | | | | | | | |
| 3) Have you been convicted of a felony in the last 10 years? | | | | | | | | | |
| - If yes, please state date, offense & city/state of offense: *(this will not necessarily keep you from volunteering)* | | | | | | | | | |
| **FORMER ADDRESS** | | | | | | | | | |
| Please list former addresses or places of residence in the last 10 years: | | | | | | | | | |
|  | | | | | | | | | |
| **Employment Information** | | | | | | | | | |
| Current/most recent employer: | | | | | | | | | |
| Employer address: | | | | | | | | | |
| Position: | | | Date employed: | | | | | | |
| **STUDENT Information** | | | | | | | | | |
| Current School and grade or year: | | | | | | | | | |
| **VOLUNTEER EXPERIENCE** | | | | | | | | | |
| Agency | Activity | | | | | | | Dates | |
|  |  | | | | | | |  | |
|  |  | | | | | | |  | |
| ***-Please complete individual sections below based on your interests in volunteer service.-*** | | | | | | | | | |
|  | | | | | | | | | |
| * **COURT ORDERED COMMUNITY SERVICE** | | | | | | | | | |
| Court, Probation Officer & Phone Number: | | | | | | | | | |
| Offense(s) causing community service: | | | | # of hours needed & by when: | | | | | |
| * **HEAVY LIFTNG/MOVING** Are you able to help carry furniture and other heavy donations? YES NO | | | | | | | | | |
| Would you be willing to go off-site to pick up heavy items? YES NO Do you have a driver’s license? YES NO | | | | | | | | | |
| * **SORTING/CLEANING** circle availability: MON 9am-noon || TUES 9am-noon || WED 9am-noon || THUR 9am-noon || SAT 9am-noon | | | | | | | | | |
| * **ASSIST TAXABLE DISTRIBUTIONS**  circle availability: 2ND SAT 8:30-11am || 3RD TUES 5:30-7:30pm || LAST SAT 8:30-11am | | | | | | | | | |
| * **ASSIST FOOD**: circle availability: MON 6pm-7:30pm || WED Noon-2:30pm ||THURS Noon-2:30pm | | | | | | | | | |
|  | | | | | | | | | |
| **To the best of my knowledge, *the above information is true* and is submitted voluntarily. This information may be used and disclosed for MCOC’s purposes. I realize as a McKinley Community Outreach Center volunteer servant I am not paid for my service, nor do I accept any items as compensation for my service. I am not covered under worker’s compensation. I agree to comply with all guidelines, rules & procedures.** | | | | | | | | | |
| Signature of applicant | | | | | | | | | Date |