



Individual Volunteer Application
Volunteering with Men and Women

Date _____

Why do you want to volunteer?

- Personal fulfillment, Requirement for class/degree, Professional development, Need public service hours, Extra time, Other (explain)

What do you want out of your volunteer experience? _____

Please complete all areas of the application, please print or type.

Personal Profile:

Title: _____ Name _____ Date of Birth _____
First MI Last

Address _____ City/State/Zip _____

Primary Phone _____ Other Phone _____ Email _____

- Current Employment: Employed full-time, Employed part-time, Student, Unemployed, Retired

Place of Employment (if applicable) _____ Job Title _____

Home Church and Pastor's Name (if applicable) _____

Do you have any prior experience working with individuals or families in lower income areas or the inner city? _____

If yes, please describe: _____

Your Availability:

Many of our volunteer opportunities are time-specific. Please indicate your availability to volunteer.

Table with 8 columns (Mon-Sun) and 3 rows (Morning, Afternoon, Evening) for availability selection.

I'm available beginning: (m/d/y) _____ until: (m/d/y) _____

I would like to help: Weekly, Monthly, One-time, Other

Areas of Interest:

Check the areas where you might have an interest in helping :

Please be aware that most of our needs require a regular commitment, or a commitment for a period of time.

- | | |
|---|--|
| <input type="checkbox"/> Building repairs/maintenance | <input type="checkbox"/> Providing Prayer support and a listening ear to hurting men or women |
| <input type="checkbox"/> General lawn care or landscaping | <input type="checkbox"/> Building friendships/encouraging relationships w/men and women through conversation & hanging out |
| <input type="checkbox"/> Sorting donations/Pick up food or donations | <input type="checkbox"/> Engaging with individuals through a game of ping-pong or board games |
| <input type="checkbox"/> Serving breakfast (help needed Monday – Friday) | <input type="checkbox"/> Engaging with an individual through arts, crafts or writing |
| <input type="checkbox"/> Providing kitchen Help | <input type="checkbox"/> Providing music or drama |
| <input type="checkbox"/> Providing transportation to clinics or other appointments for men in program | <input type="checkbox"/> Facilitating classes/small groups |
| <input type="checkbox"/> Office/clerical/computer – administrative skills | <input type="checkbox"/> Leading Bible studies |
| <input type="checkbox"/> Receptionist – welcome guests, direct visitors | <input type="checkbox"/> Leading a Chapel Service |
| <input type="checkbox"/> Providing Professional Skills (specify: _____) | <input type="checkbox"/> Teaching Life Skills (i.e.: finance, parenting, nutrition, etc) |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Special Events (planning or helping at events) |
| <input type="checkbox"/> Adult mentor to a man or woman in our program | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Working with at risk youth (please submit a youth application) |
| <input type="checkbox"/> One-to-one tutoring | |
| <input type="checkbox"/> Helping “behind-the-scenes” | |

In addition to time availability and areas of interest, it’s really important to try to match interested volunteers with roles that are best suited for them, taking into account their passions, gifts, and temperament. In order to help us with this process, it would be helpful if you could take a few additional minutes to complete the following information:

1. What is your passion? (what do you feel really strongly about, or really enjoy?)

2. What are your gifts? What abilities, skills or special training do you have that you want to offer in volunteering? (examples: teaching, good listener, computers, event planning, worship, art) Don’t worry if you aren’t sure.

Who should we contact in case of an emergency?

Name: _____ **Relation:** _____

Phone #1: _____ **Phone #2:** _____

PERSONAL and PROFESSIONAL REFERENCES: Non relatives, over 18

(please fill out completely)

Name _____ Home phone _____

Address _____ City _____ State ____ Zip _____
(must be completed)

Name _____ Home phone _____

Address _____ City _____ State ____ Zip _____
(must be completed)

Have you ever been convicted of a misdemeanor or a felony? Yes No

If yes, please explain _____

Your signature indicates your approval for us to check references and verifies your understanding of all questions on this application and that the questions were answered accurately and correctly to the best of your knowledge and ability. A criminal background check as well as reference checks may be required for certain positions. City Gospel Mission is not obligated to provide a placement, nor are you obligated to accept a volunteer position offered. You are authorizing City Gospel Mission to use your name, photograph and/or video content in its promotional materials.

Signature _____ Date _____

Office use only:
Interviewed: Date _____ By _____ Position/ministry _____
Start Date: _____

Please send completed application to:
City Gospel Mission, Attn: Volunteer Services, 1947 Auburn Ave., Cincinnati, OH 45219
Email: rwagner@citygospelmission.org, Fax: 513-345-1049, Phone: 513-345-1026