

**Christian Ministries of Delaware County**  
Volunteer Application

**Basic Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ What is the best time to contact you? \_\_\_\_\_

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**Volunteer Information**

Mark the Volunteer Schedule you would prefer?

Yearly  Seasonally  Monthly  Weekly  Daily  Occasionally

Special event (what event): \_\_\_\_\_

Write the date you would like to begin your volunteer work? \_\_\_\_\_

Area of Interest?  Office  Food Pantry  Treasure Shop  Shelters  Other

(please list any "Other" area of interest): \_\_\_\_\_

List which agency/organization/church are you representing? (e.g., Trustees, None, Community Corrections, First Baptist Church, etc.) \_\_\_\_\_

**Would you mind if we add your name to our publications as a volunteer? Yes / No**

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**Physical History**

Please list any health/medical conditions, allergies (include food allergies), or limitations that we should be aware of: \_\_\_\_\_

Are you currently taking any prescription medications?  Yes  No

Are you allergic to any medications?  Yes  No

Are you able to lift 25 lbs or more?  Yes  No

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**Emergency Contact**

In case of emergency, please list the name and number of a person who should be contacted:

\_\_\_\_\_  
Name of Contact

\_\_\_\_\_  
Phone Number of Contact

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***For Office Use Only***

Date Applied \_\_\_\_\_

Date Interviewed \_\_\_\_\_

First Day \_\_\_\_\_

Last Day \_\_\_\_\_

Assigned to:  Office  Food Pantry  Treasure Shop  Shelters  Other

Supervisor of Volunteer: \_\_\_\_\_

Notes: \_\_\_\_\_