

ACS Community L.I.F.T.
Adventist Community Services
Application for Volunteer Services

Name: _____ Date: _____

Date of Birth: _____ Home Phone: _____
Cell Phone: _____
E-mail address: _____

Address: _____
Street _____ City _____ State _____ Zip Code _____

Employer: _____ Business Phone: _____

Spouse's Name: _____ Business Phone: _____

Significant Health Problems: _____

Allergies: _____

Medications Taken: _____

In Case of Emergency Contact: _____ Phone: _____
Relationship: _____

Previous Work/Volunteer Experience: _____

Other Areas of Expertise: _____

Community Affiliation(s): _____

Areas of Volunteer Preference:

FAMILY SERVICES PROGRAM:

_____ Data Entry	_____ Food Bank (Facilitator)
_____ Receptionist	_____ Food Bank (Team Leader)
_____ Interviewing	_____ Food Bank (Shipping & receiving)
_____ General Office/Clerical	_____ Food Bank (Inventory Preparation/management)
_____ Pick-up/Delivery Driver	_____ Food Bank (Personal Shopper)
_____ General Maintenance	_____ Food Bank (Checker)
_____ Thrift Store (Restoration/preparation/inventory replacement)	
_____ Thrift Store (Team Leader)	
_____ Thrift Store (Cashier)	
_____ Thrift Store (Greeter)	
_____ Thrift Store (Personal Shopper)	

_____ **Disaster Relief** _____ **CareVan/Clinic** _____ ***Doctor/Nurse** _____ **Other**

How many hours can you volunteer each week/month? _____ Mon _____ Tues _____ Wed _____ Fri _____

Time Available: Mornings _____ Afternoons _____ Evenings _____

* Medical professionals, please be prepared to bring your license &/or applicable certificates

Food Bank, Clinic, Front office - 9-11 am Monday-Thurs

Thrift Store 1st shift 9am -1:00pm 2nd shift 12:30-3:30 Mon-Thurs

References:

1 _____
Name _____ Phone _____

2 _____
Name _____ Phone _____

For Office Use Only

Follow-up Confirmation _____ Orientation _____ Start Date: _____
Date _____ Date _____ Background checked _____