



**PARKER STREET
MINISTRIES**

VOLUNTEER APPLICATION

General Information

Name						Today's Date		
Birth Date		Gender		Email				
Mailing Address						City	State	Zip
Cell Phone		Home Phone		Church Affiliation (If Applicable)				
<input type="checkbox"/> High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelors Degree	<input type="checkbox"/> Graduate Degree				
Education (Check Box Above)						School		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired				
Employment (Check Box Above)						Employer		
How Did You Hear About Us?								

Type of Service

<input type="checkbox"/> Volunteer		<input type="checkbox"/> Community Service for School Credit		<input type="checkbox"/> Required Community Service	
Service Category (Check Box Above)					
<input type="checkbox"/> Academic Enrichment Program*	<input type="checkbox"/> Administration	<input type="checkbox"/> Financial Fitness	<input type="checkbox"/> Health		
<input type="checkbox"/> Neighborhood Events	<input type="checkbox"/> Neighborhood Workdays	<input type="checkbox"/> Repair/Maintenance	<input type="checkbox"/> Special Projects		
Volunteer Interest (Check Box Above)					
Professional Skills			Special Interest or Hobbies		
<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Do you speak a foreign language?		If so, what			
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	* The Academic Enrichment Program volunteers are asked to serve a minimum commitment of once a week for a semester for the sake of consistency for our students and teachers.		
Volunteer Availability (Check Box Above)					

Emergency Contact Information

Emergency Contact Name			Relationship to Volunteer		
Emergency Contact Cell Phone		Work Phone		Home Phone	

Office Use Only: ___/___/___ Rcvd/Phone ___/___/___ T/O/T ___/___/___ Interview ___/___/___ Paperwork
 ___/___/___ Background Check ___/___/___ Placement ___ Yes ___ No Neighborhood