

Epiphany of Our Lord Church

Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- | | |
|--|---|
| <input type="checkbox"/> Whatever Needed | <input type="checkbox"/> Sponsor Procurement |
| <input type="checkbox"/> Event Coordinator | <input type="checkbox"/> Vendor Procurement |
| <input type="checkbox"/> Setup/Breakdown | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Pickup/Deliveries |
| <input type="checkbox"/> Decorations | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Social Media Promotions | <input type="checkbox"/> Newsletter production |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Volunteer coordination |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Agreement & Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us.