



## Volunteer Application

**NAME:** \_\_\_\_\_ **NICKNAME:** \_\_\_\_\_

**DOB: (M/D/Yr):** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**PHONE: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Would you like to receive volunteer opportunities periodically via email?  Yes  No

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Please list any medical conditions that we should be aware of \_\_\_\_\_

**EMPLOYER & OCCUPATION:** (If retired/unemployed, please indicate former employer)

Employer: \_\_\_\_\_  Retired: \_\_\_\_\_  Unemployed: \_\_\_\_\_

Does your employer provide match contributions for your volunteer hours? \_\_\_\_\_

Are you a student?  Yes  No If so, where? \_\_\_\_\_

Do you need volunteer hours for school credit?  Yes  No If yes, how many hours? \_\_\_\_\_

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

If so, please explain? \_\_\_\_\_

Are you currently receiving any public assistance?  Yes  No

If so, please disclose the type of assistance \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Do you attend a local church?  Yes  No

If Yes, Church Name/Pastor \_\_\_\_\_

**REFERENCES:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**AVAILABILITY:** (AIM's business hours are Monday-Thursday 8am-4 pm and Fridays 8am-2 pm)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mornings					
Afternoons					

Are you available for occasional weekend hours?  Yes  No

Are you interested in helping plan, setup or work at AIM Special Events?  Yes  No

Have you ever been a client of AIM?  Yes  No

If yes, services & dates: \_\_\_\_\_

**PREFERENCES IN VOLUNTEERING:** (check all that apply)

<input type="checkbox"/>	Clerical/Office Duties	<input type="checkbox"/>	Counting/Sorting Donations
<input type="checkbox"/>	Grocery Pickup	<input type="checkbox"/>	Computer Data Entry
<input type="checkbox"/>	Phone Support/Scheduling	<input type="checkbox"/>	Bulk Mailings
<input type="checkbox"/>	Interviewing Clients	<input type="checkbox"/>	Mentoring
<input type="checkbox"/>	Helping w/Community Awareness Activities	<input type="checkbox"/>	Research/Grant Writing
<input type="checkbox"/>	Building/Grounds Maintenance	<input type="checkbox"/>	Occasional Projects/Events

**SPECIAL SKILLS OR QUALIFICATIONS:**

If you have any other special skills or services that you would like to offer AIM (e.g. photography, graphic design, newsletter/brochure development, fund raising, accounting, etc.), please describe them here.

Please Read and Initial each statement and Sign Below:

\_\_\_\_\_ I will hold all information regarding AIM (Anderson Interfaith Ministries) clients with utmost confidentiality.

\_\_\_\_\_ I hereby authorize and give full consent to AIM to publish all photographs/videos of myself for the purposes of promoting AIM. I further agree that AIM may use the photographs/video without limitation or reservation.

\_\_\_\_\_ I agree to notify AIM staff within 24 hours of any accident that occurs during my volunteer service.

\_\_\_\_\_ I indemnify and hold harmless AIM (Anderson Interfaith Ministries), its employees and agents from any and all liability in connection with any injury or damage I may incur in these activities. I assume responsibility for my own safety.

\_\_\_\_\_ (Drivers): I certify that I carry at least the minimum automobile liability insurance required by law.

**I HAVE COMPLETED AND REVIEWED THIS ENTIRE FORM AND ATTEST THAT THE INFORMATION PROVIDED IS TRUE. ADDITIONALLY, I UNDERSTAND THAT CERTAIN VOLUNTEER POSITIONS MAY REQUIRE THE COMPLETION OF A CRIMINAL BACKGROUND CHECK.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature (if under 18):** \_\_\_\_\_

<p><b>Please Return Completed Form To:</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>FOR OFFICIAL USE ONLY:                  Interview (Date): _____                  Orientation Attended (Date): _____                  Assignment: _____  <input type="checkbox"/> Background check Start Date: _____</p> </div>	<p>Sara Alexander, <i>Volunteer Coordinator</i></p> <p>Post Office Box 1136, Anderson, SC 29622</p> <p>Phone: (864) 226-2273 ext. 128 Fax: (864)225-0349                  Email: <a href="mailto:Sara.Alexander@aimcharity.org">Sara.Alexander@aimcharity.org</a></p> <p>For more information about AIM or to donate please visit <b>aimcharity.org</b></p>
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