

# Volunteer Application



## Personal Information:

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

How did you hear about the Shepherd's Center of Greater Tupelo? \_\_\_\_\_

\_\_\_\_\_

## Volunteer Interests (check all that apply):

Driver

Fundraising

Friendly caller

Program Committee

In-home visitor

Marketing/Publicity

Handy helper

Board of Directors member

Other \_\_\_\_\_

## Car Size:

Compact\_\_\_ Midsize\_\_\_ Full Size\_\_\_ SUV\_\_\_ Truck\_\_\_ Van\_\_\_

## Availability:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

## **Screening Information:**

Do you have a valid driver's license?    yes      no

License number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Auto Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Do you have any physical condition that may limit your volunteer activities?    yes      no

If yes, please describe: \_\_\_\_\_

## **Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation \_\_\_\_\_

***I understand and agree that my volunteer service is at will, which means that it is for no specified period and may be terminated by me or Shepherd's Center of Greater Tupelo at any time without prior notice, for any reason. I understand that misrepresentation or omission of facts may result in rejection of this application or termination. I hereby give my consent for the Shepherd's Center to conduct a background check.***

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**Email the completed form to:**

[sctupelo@gmail.com](mailto:sctupelo@gmail.com)

**Or mail the completed form to:**

**Shepherd's Center of Greater Tupelo**

**P O Box 584**

**Tupelo, MS 38802**

**For information call 662-840-0787 or visit [www.sctupelo.org](http://www.sctupelo.org)**