



211 Rock Springs Road  
Milner, Georgia 30257  
Phone: 678-688-1950  
Fax: 770-227-7676

## Volunteer Application

Name \_\_\_\_\_  
(Last) (First) (Middle)

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

Phone (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Church or Congregational (if applicable) \_\_\_\_\_

**Area of interest:** \_\_\_ front office \_\_\_ hospitality \_\_\_ patient greeter \_\_\_ inventory control  
\_\_\_ mailings \_\_\_ fundraising event support

**Skills:**

\_\_\_ Writer \_\_\_ Graphic Arts \_\_\_ Publishing \_\_\_ Sales \_\_\_ Advertising \_\_\_ Marketing  
\_\_\_ Public Relations \_\_\_ Event \_\_\_ Foreign Language \_\_\_ Accounting \_\_\_ Fund Raising

**Computer:**

\_\_\_ Excel \_\_\_ Word \_\_\_ Access \_\_\_ Photoshop \_\_\_ Programming \_\_\_ Graphic Arts  
\_\_\_ Webpage \_\_\_ Data Analysis

Other \_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER SERVICE AVAILABILITY:**

\_\_\_ Tuesday 8-3:00 \_\_\_ Thursday 8:30-12:00 \_\_\_ Thursday 2-7 \_\_\_ Thursday 2-5:00 \_\_\_ Thursday 5-7:00

I can serve: \_\_\_ per week \_\_\_ every other week \_\_\_ per month \_\_\_ every other month

Days preferred: \_\_\_\_\_

Please list references:

- 1. \_\_\_\_\_ phone \_\_\_\_\_
- 2. \_\_\_\_\_ phone \_\_\_\_\_

Are you completing these volunteer hours for school or other community requirement?  yes  No  
If so, please complete the following:

School/Community organization: \_\_\_\_\_

Requirements of volunteer experience (necessary hours, duties, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's name, title and phone number \_\_\_\_\_

Please attach necessary paperwork

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**EMERGENCY CONTACT INFORMATION:**

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

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

All information is accurate to the best of my knowledge

SIGNATURE OF VOLUNTEER \_\_\_\_\_

DATE \_\_\_\_\_