



shepherd's center

OF FAIRFAX-BURKE

Volunteer Application

Personal Information:

Name: _____ Phone: (H) _____ (W) _____

Address: _____ E-Mail: _____

_____ Congregational Affiliation (optional): _____

Occupation: _____

How did you hear about the Shepherd's Center of Fairfax-Burke? _____

Volunteer Services: * Activities currently available

___ friendly caller * ___ data entry/computer work ___ handy-helper

* ___ transportation * ___ fundraising * ___ grant writing

___ financial record keeping ___ companion shopping ___ yard work

* ___ program assistance * ___ board membership * ___ office assistance

___ public speaking ___ other: _____

Placement Preference:

Please check all that apply:

I can volunteer: ___ once a week ___ more than once a week ___ as needed

TIME/DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING					
AFTERNOON					

Matching Information:

General interests, skills, volunteer experience, languages, and hobbies: _____

Please list two people we may contact who are not family members. (You may include employers, teachers, religious leaders, etc.)

Name: _____ Phone: _____ Relation: _____

Address: _____

Name: _____ Phone: _____ Relation: _____

Address: _____

I hereby give my consent for the Shepherd's Center to contact my references.

Signature of Applicant

Date