



Volunteer Application for Individuals

Date: _____

Name: _____

Address: _____

Phone Home: _____ Cell: _____ Email: _____

Employer:

Name: _____

Your Title: _____

Type of Business or Organization: _____

Previous Volunteer Experience:

Organizations and/or affiliations: _____

Why would you like to volunteer with Family Promise? _____

Expertise, Hobbies, Special Skills you'd like to share: _____

Volunteer interests: (Use a separate sheet if necessary to describe specific qualifications)

- Weekend Volunteer PR/Marketing Graphic Design Financial/Credit Repair
- Overnight Host Mailings Computer Training Legal Services
- Office Volunteer (phones, administrative, computer skills) Career Counseling
- Web Development (knowledge of WIX, Word Press, etc.) Workplace Readiness
- Newsletter Health/Wellness Social Media Realtor
- Tutor (ESL) _____ (GED) _____ (Child) _____ Event Help
- Photography/Video Home Repairs/Carpentry Cleaning/Painting
- Auto Maintenance/Repair Interested in learning more about Board Membership



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Are you over 18 years of age? _____ Languages spoken other than English: _____

Are you qualified to give legal advice? _____

I am available: days _____ evenings/nights _____ weekends _____

Does your employer make grants to non-profit organizations? _____

Does your employer match your charitable contributions? _____

How did you hear about us? _____

Emergency Contact Information

Name/Phone Number: _____ Relationship _____

Please provide a reference (other than a family member)

Name/Phone Number: _____ Relationship _____

Have you even been convicted of any crime including sex related offenses? No _____ Yes _____

If yes, please explain _____

Do you need Community Service Hours? No _____ Yes _____

If yes, please explain. How many hours need _____ School _____ Court Ordered _____ Other _____

By signing this application, I confirm that the information provided within is correct and complete. If requested, I agree to provide any information necessary for a complete background check.

I agree that I will not disclose any confidential information obtained while volunteering and that I will protect the privacy of the other volunteers, donors, and the families served by Family Promise of Pickens County.

Applicant's signature _____ Date: _____

Please return this interest form to Family Promise of Pickens County, PO Box 1165, Easley SC 29641, to the person sponsoring you, or to nbriley@familypromisepickens.org