



General Volunteer Information Form

Name: _____
Last First Middle

Address: _____
Street City Zip

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ E-mail: _____

Occupation: _____

Employer: _____ Full-time / Part-time

Best time during the week to be contacted: _____ Preferred means of contact: Phone / E-mail

General availability during the week: Total number hours available per week? _____

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM/PM							
# Hours Available							

I prefer to work with (check all that apply):

- Adults
- Teenagers
- Children
- Whole Families
- Office Equipment
- Donations (receive & sort)
 - As a team captain
 - As a team member
- Community leaders (organizations)
- Thrift Store
 - Pick up & deliver donations
 - Solicit donations

I would be interested in knowing more about these areas of service: (check all that apply)

- Prayer Team
- Transportation
- Gardening
- Facility/Grounds Maintenance
- Spiritual Mentoring *
- Childcare *
- Public Relations (qualification required)
 - Fundraising
 - Publishing materials
 - Spokespeople/building awareness
 - Recruitment

- General office tasks
- Qualified and/or Certified Education/Specialty Facilitators
 - Financial literacy / Budgeting
 - Parenting training
 - GED training / Tutoring
 - Cooking / Nutrition
 - Basic home maintenance
 - Resource conservation
 - Other ? _____
 - _____
 - _____

* Training and references required

Are you active in a local church: Yes / No (circle one)

If so, in which church are you active: _____

What training or experience do you have which might be useful in working with Jacob's Well?

What skills, spiritual gifts, or talents do you have which might be utilized in a volunteer position with Jacob's Well?

What are some skills you would like to develop through volunteering with Jacob's Well?

What are your hobbies?

If you could do anything for God without fear or failure, what would it be?

Give (3) General References (other than family members):

Name

Phone Number

Name

Phone Number

Name

Phone Number

Give (2) Church Leadership References (Pastor, Elder, Women's Minister)

Name

Phone Number

Name

Phone Number

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my removal if discovered at a later date. The Jacob's Well staff for the purpose of screening and placing potential volunteers will review all the information gathered on this form.

I understand that all volunteers for the Jacob's Well Ministry are required to have a background check and have completed a background check form. I certify that all information provided on this form is true and complete and give my permission for Jacob's Well to request a background check before any volunteer services are provided by me.

Signature of Applicant

Date