



## Individual Volunteer Application

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

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

Gender:  Female (she/her)  Male (he/him)  Other (preferred pronouns) \_\_\_\_\_

Marital Status:  Single  Married  Widowed Spouse Name: (if applicable) \_\_\_\_\_

Active Duty Military:  Yes  No Church Name: (if applicable) \_\_\_\_\_

Are you bilingual?  Yes  No If yes, list language(s): \_\_\_\_\_

Employer:  Current  Former \_\_\_\_\_ Position: \_\_\_\_\_

Areas of Interest (please select 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice):

Administrative  Clinic  Client Services  Pharmacy  Maintenance/Cleaning

Days and times available to volunteer:

Monday  Tuesday  Wednesday  Thursday  Friday  
 Mornings  Afternoons  On Call  Other \_\_\_\_\_

What experience, gifts and/or skills would you like to share? \_\_\_\_\_

Do you have any health issues or physical limitations we should know about?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever plead guilty to, or been convicted of a crime?  Yes  No

If yes, please explain: \_\_\_\_\_

**In case of an emergency, please contact:**

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work/Home Phone: \_\_\_\_\_

For Staff Use Only:  Director notified (date) \_\_\_\_\_  Bloomerang # \_\_\_\_\_  Name Tag





31 1st Avenue SE, Hickory, North Carolina 28602  
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info@ccmhickory.org

## VOLUNTEER WAIVER AND CONSENT TO BACKGROUND CHECK

Greater Hickory Cooperative Christian Ministry (GHCCM) has my permission to conduct a background check on me. I understand that this background check will cover information including, but not limited to, criminal history, education, and/or employment. I hereby release GHCCM, and its elected officials, employees, agents, and assigns, as well as the company performing the background check and its employees, from all liability resulting from the furnishing of this information.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my consideration as a GHCCM volunteer.

I understand that this information will be held in confidence by GHCCM and will not be released to any party.

Print Full Legal First Name: \_\_\_\_\_

Print Full Legal Middle Name: \_\_\_\_\_  
(If no middle name, print NONE)

Print Full Legal Last Name: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_