

Jericho Road Ministries

184 Barton Street – Buffalo, NY 14213 716-348-3000

WWW.JRM-BUFFALO.ORG



Volunteer Application Form

GENERAL INFORMATION

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone #: _____

Work Phone #: _____

May we call you at work? Yes No

Work Hours: _____

Fax #: _____

Cell Phone #: _____

Email Address: _____

Preferred contact method: _____

Date of Birth (month/day) (year optional): _____

NYS Driver's License: Yes No If Yes, Class: _____ License #: _____

Yes, I will comply with all applicable traffic regulations including child seat requirements when I transport people.

Signature _____ Date: _____

Please explain your interest in volunteering in the Priscilla Project:

Indicate the type of volunteer work that interests you. (Check all that apply.)

- Mentoring Child Care Presentations/Public Speaking
 Special Events Other (please specify)

Please describe previous volunteer experience?: _____

What is your availability? Check all the times that you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
After 5PM							

EMPLOYMENT

Are you currently employed? Yes No

Position/Title: _____

Employer: _____

Employer Address: _____

Do you wish to provide a resume? Yes Attached No

If not please list your *relevant* work experience.

EDUCATION

Educational Level Completed: High School College Post-Graduate

If attended college what was your major of focus of study? _____

What special skills, training or qualifications do you have that you would like to use in your volunteer role (e.g., social work, management, public speaking)? _____

LANGUAGES

Do you speak any foreign languages?

_____ Speak Read Write Fluent
_____ Speak Read Write Fluent
_____ Speak Read Write Fluent

CHURCH OR GROUP AFFILIATION

Name of Affiliate Group: _____

Address: _____

OVERSEAS EXPERIENCE

Country: _____ When: _____ How long: _____

Country: _____ When: _____ How long: _____
Country: _____ When: _____ How long: _____

REFERENCES

For ex.: A present or former employer, educational institutions, acquaintance belonging to a recognized profession who has known you for at least 2 years.

Name: _____

Address: _____ Phone #: _____

Relationship to volunteer: _____

How long have you known: _____

Name: _____

Address: _____ Phone #: _____

Relationship to volunteer: _____

How long have you known: _____

Name: _____

Address: _____ Phone #: _____

Relationship to volunteer: _____

How long have you known: _____

SIGNATURE

I verify that the information on this application is accurate to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____