

WILLING HANDS

Volunteer Application

Date _____

Name _____

Address _____

City, State, ZIP _____

Home Telephone _____ Hours _____

Work Telephone _____ Hours _____

Best time to reach you

Occupation _____

Age _____ Single _____ Married _____ Divorced _____

Do you have children? _____ How many and what are their ages?

Are you a member of a church? _____

Which church do you attend? _____

Why do you want to volunteer at Elizabeth Home?

Have you prayed about this and believe that God wants you to volunteer with us?
(explain)

Have you ever worked with troubled youth? (explain)

Education/ training/ personal experience that you believe would be helpful in
volunteering at Elizabeth Home:
