**Contact Information:**

Name

Street Address

City, ST, Zip Code

Home/Work/Cell Phone

E-mail Address

Would you prefer to receive newsletter by email Y/N

Church/organization affiliated with: Name:

City and State:

Denomination:

**Availability**

During which **days of the week and hours** are you available for volunteer assignments? Please **circle** days and list hours you are available.

M T W TH FR SAT SU HOURS BETWEEN 9 am – 2 pm

**Interests**

Tell us in which areas you are interested in volunteering

Administration-Office

Fine/Rough Sorting Room

Linens-Hospice/Newborn Kits

Inventory

Shipping

Lab/Bio-tech

Newsletter collate

Recycling

Friday Cleaning Crew

Packing/Quality Control

Surgical Instruments

Warehouse Management

Receiving

**Special Skills**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

**Physical Limitations**

Please list any physical limitations that we should be aware of.

**Person to Notify in Case of Emergency**

Name

Street Address

City, ST, Zip Code

Home Phone

Work Phone

Email Address

Volunteer Name (printed)

Signature

Date

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and for your interest in volunteering with Global Health Ministries.