

**Volunteer Application**

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NICKNAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOB: (M/D/Yr):** \_\_\_\_\_\_\_\_\_\_\_**ADDRESS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PHONE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to receive volunteer opportunities periodically via email? □ Yes □ No

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any medical conditions that we should be aware of:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYER & OCCUPATION:** (If retired/unemployed, please indicate former employer)

□Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Retired:\_\_\_\_\_\_\_\_\_\_\_\_ □Unemployed:\_\_\_\_\_\_\_\_\_\_\_

Does your employer provide match contributions for your volunteer hours?\_\_\_\_\_\_\_\_

Are you a student?  □Yes  □No If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need volunteer hours for school credit?  □Yes  □No

If yes, how many hours? \_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you attend a local church? □Yes □No

If Yes, Church Name/Pastor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  □Yes  □No

If so, please explain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been a client of AIM? □Yes □No

**AVAILABILITY:** (AIM’s business hours are Monday-Thursday 8am-4 pm and Fridays 8am-2 pm)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Mornings |  |  |  |  |  |
| Afternoons |  |  |  |  |  |

Are you available for occasional weekend hours?  □ Yes  □No

Are you interested in helping plan, setup or work at AIM Special Events?  □ Yes  □No

**PREFERENCES IN VOLUNTEERING:** (check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|   | Clerical/Office Duties |   | Counting/Sorting Donations |
|   |   |   |   |
|   | Grocery Pickup |   | Computer Data Entry |
|   |   |   |   |
|   | Phone Support/Scheduling |   | Bulk Mailings |
|   |   |   |   |
|   | Interviewing Clients |   | Mentoring |
|   |   |   |   |
|   | Helping w/Community Awareness Activities |   | Research/Grant Writing |
|   |   |   |   |
|   | Building/Grounds Maintenance |   | Occasional Projects/Events |
|   |   |   |   |

**SPECIAL SKILLS OR QUALIFICATIONS:**

If you have any other special skills or services that you would like to offer AIM (*e.g.* photography, graphic design, newsletter/brochure development, fund raising, accounting, etc.), please describe them here.

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**Please Read and Initial each statement and Sign Below:**

\_\_\_\_\_ I will hold all information regarding AIM (Anderson Interfaith Ministries) clients with utmost confidentiality.

\_\_\_\_\_ I hereby authorize and give full consent to AIM to publish all photographs/videos of myself for the purposes of promoting AIM. I further agree that AIM may use the photographs/video without limitation or reservation.

\_\_\_\_\_ I agree to notify AIM staff within 24 hours of any accident that occurs during my volunteer service.

\_\_\_\_\_I indemnify and hold harmless AIM (Anderson Interfaith Ministries), its employees and agents from any and all liability in connection with any injury or damage I may incur in these activities. I assume responsibility for my own safety.

\_\_\_\_\_(Drivers): I certify that I carry at least the minimum automobile liability insurance required by law.

**I HAVE COMPLETED AND REVIEWED THIS ENTIRE FORM AND ATTEST THAT THE INFORMATION PROVIDED IS TRUE. ADDITIONALLY, I UNDERSTAND THAT CERTAIN VOLUNTEER POSITIONS MAY REQUIRE THE COMPLETION OF A CRIMINAL BACKGROUND CHECK.**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature (if under 18):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Please Return Completed Form To:** | Sarah Ann Skelton, *Volunteer Coordinator* |
|   |   | Post Office Box 1136, Anderson, SC 29622 |
|   | FOR OFFICIAL USE ONLY: |
|   | Phone: (864) 965-9083 |
|   | Interview (Date): \_\_\_\_\_\_\_\_\_ |
|   | Orientation Attended (Date): \_\_\_\_\_\_\_\_\_\_\_ | Email: sarah.skelton@aimcharity.org |
|   | Assignment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |
|   | □Background check Start Date:\_\_\_\_\_\_\_\_\_\_\_ | For more information about AIM or to donate please visit **aimcharity.org** |
|   |   |  |
|   |  |   |