

Recycling Furniture for Families
VOLUNTEER APPLICATION 2008-2009

Personal Information **Please Print**

Name: _____
Last Name First Name

Address: _____
Street Address Apt. Number

City/State Zip Code

Phone: _____
Home Work Cell

Date of Birth: _____ Email: _____
Month/Day/Year

Emergency Information

Contact Name: _____ Relationship: _____ Phone: _____

Medical Conditions: _____

Affiliations

Race: _____ Church Attending: _____

How did you learn of Recycling Furniture for Families? _____

Check all that apply:

- State Farm Employee or Retiree
- Volunteering as part of a group. Group Name: _____
- Required Community Service. Agency Name: _____
Hours Required: _____ Completion Date: _____

Areas of Interest

Please select the area(s) in which you would like to volunteer

- | | | |
|---|--|---|
| <input type="checkbox"/> Client Intake Worker | <input type="checkbox"/> Furniture Repair | <input type="checkbox"/> Delivery Driver |
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Warehouse Work | <input type="checkbox"/> Delivery Assistant |
| <input type="checkbox"/> Office Cleaning | <input type="checkbox"/> Sorting Linens | <input type="checkbox"/> Truck Maintenance |
| <input type="checkbox"/> Spanish Interpreter | <input type="checkbox"/> Special Area of Interest: _____ | |

Availability

Please select your available days and times

- | | | | | | |
|----------------------------------|------------------------------------|----------------------------------|--------------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thurs | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> Other _____ | | |

Confidentiality Pledge

I hereby promise to protect the confidentiality of the ministry's clients at all times. I will not share the fact that a person is a client of Recycling Furniture for Families nor will I initiate any outside contact with a client that I have met in association with my volunteer activities.

Signature: _____ Date _____