



# Volunteer Application

We appreciate your interest in volunteering your time to serve others through CMI different Ministries. We ask that you complete this application for several reasons. First, we need to get to know you a bit to help determine where you might most enjoy volunteering; second, we have a duty to make appropriate placements of those we bring in to work with our clients and beside our staff.

Please complete all sections of this form to the best of your ability, and call your contact if you have any questions.

## Which client group would you like to help?

Older Adults
Newly Arrived Refugees/Immigrants
Single Parent/Families
Small Children
Elementary school aged children
Teen-age children

### Personal Information:

### TODAY'S DATE:

Name:		
Address: (City, State, Zip)		
Home Phone:	Cell Phone:	Email Address:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Optional Information:</b>	Birth Date (Month & Day Only):	Church Affiliation:

### Employment Information:

Are you Employed? <input type="checkbox"/> No <input type="checkbox"/> Yes $\Rightarrow$	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Looking for job <input type="checkbox"/> Retired <input type="checkbox"/> Student Job	
Employer Name and Address: (Please check to see if your employer will match your volunteer hours.)	Title:	
	Work Phone:	Work email:

### Skills and Interests:

Languages (other than English):
Professional <b>Licensing</b> or <b>Degrees</b> you hold:
Hobbies/Interests/Special Skills:

Previous Volunteer Experience:	
How much <b>time</b> and <b>when</b> are you willing to commit to volunteering at CMI on monthly basis?	
Which <b>Days</b> of the Week/Month:	What <b>Time</b> of Day:

**Where did you hear about CMI Volunteer Opportunities?**

Advertisement	Employer	School
CMI Employee	Internet	TV
CMI Website	Job Fair/Community Fair	Friend: _____
CMI Donor	Newspaper	Other:
Church	Radio	

**Is there anything else you would like us to know about you?**  No  Yes

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**Authorization:**

I understand if I am selected for a volunteer assignment I will need to provide additional background information including a background check, fingerprinting and a TB test.

\_\_\_\_\_  
Volunteer Signature                      Print Name                      Date

**If under 18, signature of Parent or Legal Guardian required.**

\_\_\_\_\_  
Parent or Legal Guardian                      Print Name                      Date

## Volunteer Emergency Information

Who should we contact in the event there is an emergency?

<b>Emergency Contact:</b>	
<b>Relationship to you:</b>	
<b>Home Phone:</b>	
<b>Work Phone:</b>	
<b>Mobile Phone:</b>	

<b>Alt. Emergency Contact:</b>	
<b>Relationship to you:</b>	
<b>Home Phone:</b>	
<b>Work Phone:</b>	
<b>Mobile Phone:</b>	

Thank you for your interest in CMI Refugee Support Services (CMI RSS)