

Volunteer Application

1308 Miller Street / 800 Skyway Drive

Operation Reach Out / Finders Keepers Monroe, NC

Our Policy:

It is the policy of Operation Reach Out to provide equal opportunities without regard to race, national origin, gender, age, or disability.

| Contact Information: (Please print) DATE: | Because we are a Christian ministry that |
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| Name: | wants to honor God in all we say and do |
| Street Address: | volunteering (using profanity, stealing, |
| City / State/ Zip: | harassing others, or engaging in general misconduct) will be asked to leave |
| Home Phone: | immediately and be unable |
| Cell Phone: | to volunteer in the future. |
| Email address: | *MUST BE 16 OR OLDER TO VOLUNTEER |
| Yes, I am at least 16 years old. Yes, add me to you | |
| Availability: During what hours are you available? | |
| weekday mornings | Person to Notify in Case of an Emergency: |
| weekday afternoons | Name: |
| Saturday at Finders Keepers | Street Address: |
| Interests: Please check all that apply. | City / State / Zip: |
| Providing/Serving lunch (one day a month, 12:00-1:00 pm) Where needed at Operation Reach Out | Home Phone: |
| (Mon-Fri, between hours of 10 am-1 pm at 1308 Miller St) | Cell Phone: |
| Where needed at Finders Keepers | |
| (Tues-Sat, between hours of 10 am-5 pm at 800 Skyway Dr) | Email: |
| Repair/maintenance/yard work at ORO and/or FK | |
| Custodial (cleaning) at ORO or FK | |
| Consistent, weekly volunteering | |
| Skills: Please let us know what special skills & abilities OR any limitations ye | ou have that would impact your duties as a volunteer: |
| Agreement & Signature: By submitting this application, I affirm that the facts set forth in it are true a volunteer, any false statements, omissions, or other misrepresentations maimmediate dismissal. | |
| Signature: | Date: |
| Thank you for completing this application and for Please scan & email this application to opreachout@aol.com or mail it | your interest in volunteering with us! |

| Office Use Only: | |
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| Volunteer has met with either the executive director of Operation Reach Out or Volunteer Coordinator and been approved. | |
| Director/Coordinator Signature: | Date: |