



**Volunteer Application**

SourcePoint

800 Cheshire Road, Delaware, Ohio 43015

(740) 363-6677 | [www.MySourcePoint.org](http://www.MySourcePoint.org)

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Age  Under 18  18-54  55-84  85+ Gender  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

What time of day are you interested in volunteering?  Morning  Afternoon  Evening

What length of time are you interested in volunteering?  0-6 months  6-12 months  1 year+

I prefer a volunteer commitment  Once a week  Once or twice a month  One time only

Which days do you prefer to volunteer?  Sunday  Monday  Tuesday  Wednesday

Thursday  Friday  Saturday

Other volunteer programs or organizations you are currently involved in: \_\_\_\_\_

Education, qualifications, special skills, languages spoken, etc.: \_\_\_\_\_

Do you travel or live out of state on a regular basis?  Yes  No If yes, when? \_\_\_\_\_

Are you a provider of ours or an employee of a provider?  Yes  No

Have you ever volunteered for us before?  Yes  No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

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

Are there any special circumstances that we need to be aware of when matching you with a volunteer opportunity?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever been charged with or convicted of a crime?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have your own reliable transportation?  Yes  No

Current driver's license?  Yes  No

Please list two references, other than relatives, whom we may contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Please check the volunteer opportunities that interest you:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Catering                      | <input type="checkbox"/> Farmers' Markets       | <input type="checkbox"/> Medical Transportation |
| <input type="checkbox"/> Community Ambassador          | <input type="checkbox"/> Free Groceries Program | <input type="checkbox"/> Office Assistant       |
| <input type="checkbox"/> Deliveries (Medical Supplies) | <input type="checkbox"/> Home Chores            | <input type="checkbox"/> Pool/Fitness Desks     |
| <input type="checkbox"/> Dining Room Assistant         | <input type="checkbox"/> Kitchen Assistant      | <input type="checkbox"/> Special Events         |
| <input type="checkbox"/> Enrichment Center             | <input type="checkbox"/> Meals On Wheels        | <input type="checkbox"/> Other: _____           |

#### EQUAL EMPLOYMENT OPPORTUNITY

Opportunities for volunteers are provided without regard to race, color, religion, sex, national origin, veteran status, or disability.

I attest that all the information furnished in this application is true, accurate, and complete to the best of my knowledge. I understand that if given the opportunity to volunteer, any misstatement or omission of fact on this application is cause for immediate dismissal. I authorize SourcePoint to verify any information I have provided by contacting references and other appropriate sources. I release reference sources from all liability or damages on account of furnishing information regarding my personal character, habits, performance, or disciplinary records. I further understand that if accepted as a volunteer at SourcePoint, my volunteer service will be at will, and that service at SourcePoint may be terminated with or without cause, and without notice, at any time, at the option of either SourcePoint or myself. I understand that background checks and/or fingerprints may be required as a condition of volunteering at SourcePoint to protect clients, team members, volunteer and paid staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

THANK YOU FOR YOUR INTEREST IN BECOMING A VOLUNTEER FOR SOURCEPOINT!