

VOLUNTEER APPLICATION

Shively Area Ministries, Inc.
4415 Dixie Hwy. Louisville, KY 40216
(502) 447-4330 ext 25
www.shivelyareaministries.com

DATE APPLIED _____

NAME _____

STREET ADDRESS _____ CITY/ZIP _____

Main contact number _____ Does this number receive texting Yes No

Email: _____ Birthdate: _____

Home church, if any _____

Days and hours available to work _____

Hours you wish to commit to work weekly _____ or monthly _____

Work restrictions (if any) _____

Work experience (if any) _____

Volunteer experience (if any) _____

REFERENCES, PLEASE PROVIDE ONE FROM VOLUNTEER OR EMPLOYMENT IF AVAILABLE

1. _____
Name/Phone/Email

2. _____
Name/Phone/Email

3. _____
Name/Phone/Email

I realize someone on staff at SAM will contact the above listed references

SIGNATURE _____

Will complete this section when volunteering begins

Health concerns _____

Emergency contact person and best number to reach them _____

Relation to volunteer _____

Area assigned to volunteer _____