

Inter Parish Ministry
Volunteer Application

Name _____ Date _____

Street Address _____

City, State, & Zip Code _____

County _____ Date of Birth (Mo/Day) _____ Gender ___ M ___ F

Home Phone _____ Email _____

Work Phone _____

Disability ___ No ___ Yes (please specify accommodation, if needed):

Employer _____

Occupation _____

How did you hear about our agency? _____

Previous Volunteer Experience _____

Personal Hobbies/Interests _____

Personal References (other than relatives)

Name _____ Phone _____ Relationship _____

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Inter Parish Ministry Programs for which you would like to volunteer:

___ Nearly New Store ___ Summer Camp ___ Food Pantry ___ Elder Ministry

___ Office Help ___ Tax Assistance ___ Special Events/Fundraising

___ Holiday Programs ___ Other (please specify): _____

Availability (specify desired days and times) _____

Emergency Contact Name _____ Phone _____

Relationship _____

In applying for volunteer service with Inter Parish Ministry, I certify that the above information is correct and accurate. I agree to hold confidential all information that I may hear or read concerning IPM clients, other agency volunteers, and staff. IPM has permission to contact my references as listed above.

Signature of Volunteer _____