

Cooperative Christian Ministry

Volunteer Application

(Circle One) Ms. Miss Mrs. Mr.

Name: _____
Last Name First Name

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ When is your birthday? _____

Emergency Contact Name & Phone # _____

Church affiliation, if any: _____

Have you volunteered at CCM in the past? Yes / No If so, when: _____

Please list your previous volunteer work: _____

Please list any current community activities: _____

Have you ever served on a non profit board? _____ If so, with whom? _____

How did you learn about CCM? _____

Why do you want to volunteer at CCM? What do you want to gain from your experience? _____

What special skills or interests do you wish to utilize as a CCM volunteer? _____

Please check any areas of interest or expertise:

- | | | |
|--------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Night Shelter | <input type="checkbox"/> Landscape Projects |
| <input type="checkbox"/> Interviewer | <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> Microsoft Office Skills |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Light Maintenance Projects | <input type="checkbox"/> Desktop Publishing |
| <input type="checkbox"/> Warehouse | <input type="checkbox"/> Opportunity House | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Food Pick Up / Delivery | <input type="checkbox"/> Construction Projects | <input type="checkbox"/> Office Assistant |

Please indicate the days and times you would be available to volunteer:

Sunday _____ to _____ am / pm
Monday _____ to _____ am / pm
Tuesday _____ to _____ am / pm
Wednesday _____ to _____ am / pm
Thursday _____ to _____ am / pm
Friday _____ to _____ am / pm
Saturday _____ to _____ am / pm

Would you be willing to submit to a background check? Yes / No

Are there any special needs or accommodations requested? Yes / No

References:

Please list name, complete address, zip code, and telephone number of three references that are not family members.

	Name	Address / Zip	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunities. I certify that I have and will provide accurate information throughout the selection process, including on this application and in interviews with Cooperative Christian Ministry. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Cooperative Christian Ministry or my termination as a volunteer.

I understand that CCM is a Christian organization that operates based on Christian principles. Whereas we do not discriminate against anyone for their religious beliefs, we do openly demonstrate our faith through our operating principles, core values, and actions.

Signature: _____ Date: _____

Please fill out and return application to CCM or mail to:

Volunteer Coordinator
Cooperative Christian Ministry
P. O. Box 1717
Concord, N.C. 28026-1717

Application can be faxed to:
or emailed to:

704-785-8071 Attn: Volunteer Coordinator
jberryliles@cooperativeministry.com