

God's Storehouse Volunteer Application Form

Personal Information

Name:		Today's Date:			
Month of Birth:					
Address:					
Street Address:		State:		ZIP:	
Phone (Mobile):		Phone (Home):			
Preferred Communication Method:	<input type="checkbox"/> Text <input type="checkbox"/> Call <input type="checkbox"/> Email				

Emergency Contact

Name:		Relationship:	
Phone Number:			

Volunteer Interests (Check all that apply)

- Set-Up / Clean-Up Team Food Box Packing Team Celebrate Recovery Team
 Kitchen Team Events Team Fundraising Team Other: _____

Availability

Days Available: Mon Tue Wed Thu Fri Sat Sun
Preferred Time(s): Morning Afternoon Evening

Skills & Experience

T-Shirt Size (for Events / Volunteer Gear)

XS S M L XL 2XL 3XL

Why Do You Want to Volunteer at God's Storehouse?

Permissions & Acknowledgments

- I understand that volunteering may require a background check.
- I agree to follow all God's Storehouse policies and safety procedures.
- I consent to the use of photos/videos taken during volunteer activities for promotional purposes.

Signature: _____ Date: _____

If Under 18 Years of Age

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Signature (Consent): _____ Date: _____

For Internal Use Only

Item	Completed	Date
Background Check	■ Yes / ■ No	
Volunteer Orientation / Training	■ Yes / ■ No	
Emergency Contact Verified	■ Yes / ■ No	
Added to Volunteer Roster	■ Yes / ■ No	
Notes	_____	_____