God's Storehouse Volunteer Application

www.godsstorehousegalax.com
info@godsstorehousegalax.com

Thank you for your interest in serving at God's Storehouse! Our mission is to feed the body, nurture the soul, and heal the spirit. Please complete this application digitally or print and return it to 406 West Oldtown Street, Galax, VA.

Personal Information

Full Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Phone: _____ **Preferred Method of Contact:** ☐ Text ☐ Call ☐ Email

Emergency Contact

Full Name: _____ **Relationship:** _____

Phone: _____

Areas of Interest

Which team(s) are you most interested in serving with? Please check all that apply:

☐ Cleanup Team

☐ Serve Team

☐ Card Team

☐ Celebrate Recovery Team

☐ Administrative Team

☐ Food Box Team

☐ Fundraising Team

☐ Children's Team

Availability

Please indicate the days and times you are available to volunteer:

Days:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Saturday ☐ Sunday

Times Available: _____

Other comments about your availability: _____

_____

Criminal History Disclosure

At God's Storehouse, we believe in second chances and in serving alongside one another with honesty and integrity. For the safety of everyone we serve – especially children, youth, and vulnerable adults – we ask all volunteers to answer the following:

Have you ever been convicted of, or pled guilty or no contest to, any criminal offense?

☐ Yes ☐ No

If yes, please explain (include dates and nature of the offense):

_____

_____

_____

_____

Please Note: A conviction does not automatically disqualify you from serving. However, any history involving violence, sexual offenses, or crimes against children will prohibit placement in positions involving direct contact with minors or vulnerable populations.

Acknowledgement and Signature

By typing my name below, I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that any false statements or omissions may disqualify me from volunteering.

Digital Signature (type full name): _____

Date: _____