



P. O. Box 50475, Myrtle Beach, SC 29579
Volunteer Application

Personal information:

Title: _____ First Name: _____ Last Name: _____

DOB: ___/___/___ Address: _____ City: _____

State: ___ Zip: _____ County: _____ Member Since (Today's Date): ___/___/___

Preferred Contact: Phone Email Home#: () _____ - _____ Cell#: () _____ - _____

Email: _____ Congregation/Org. (Opt): _____

Gender: Male Female 1st Language: _____ 2nd Language: _____

<u>Volunteer Options:</u> <input type="checkbox"/> Driver <input type="checkbox"/> Office Assistance <input type="checkbox"/> Volunteer Recruitment <input type="checkbox"/> Special Events <input type="checkbox"/> Fundraisers <input type="checkbox"/> Public Speaking	<u>Vehicle Type:</u> <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Van/SUV <input type="checkbox"/> Tall Vehicle <input type="checkbox"/> Wheelchair lift
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Placement Preference:

I can volunteer: As Needed 3x Per Week 2x Per Week 1x Per Week 1x Bi-Weekly

Please specify the days and times that you are available:

	Mon.		Tues.		Wed.		Thurs.		Fri.		Sat.		Sun.	
FROM:	:	AM PM	:	AM PM	:	AM PM	:	AM PM	:	AM PM	:	AM PM	:	AM PM
TO:	:	AM PM	:	AM PM	:	AM PM	:	AM PM	:	AM PM	:	AM PM	:	AM PM

How did you become interested in/find out about N2N?

Matching Information:

Do you smoke? Yes No

Are you allergic to pets? Yes No What type(s): _____

If available, are you willing to do **on-call rides with short notice**? Yes No

I am **willing** to drive round trip (Check all that apply): 1-14 Miles 15-30 Miles 30-60 Miles 60+

To Columbia as needed To Charleston as needed

List any special considerations for your placement (preference for age or gender of Care Receiver?)

What reservations, if any, do you have about volunteering with *Neighbor to Neighbor*?

Screening Information:

Do you have a valid driver's license? Yes No

License number: _____ State _____ Expiration _____

Insurance company: _____

Policy No. _____ Expiration ____/____/____

Social Security number required for SLED/DMV checks ____-____-____

Have you been convicted for violation of any laws, traffic or otherwise? Yes No

If yes, please explain _____

Do you have any physical condition that may limit your activities? Yes No

If yes, please describe: _____

Emergency contact:

Name: _____ Phone: (____)____-____ Relation _____

I affirm that the information I have given on this form is true, correct, and complete. I understand that any falsification of information herein, regardless of the time of discovery, constitutes cause for dismissal from GRACE MINISTRIES. I give GRACE MINISTRIES' permission to conduct criminal records, sex offenders' registry and DMV records checks.

I understand and agree to protect the confidentiality of all privileged information to which I may be exposed while serving as a volunteer, whether this information involves a single staff, volunteer, client, or other person or involves overall Program business.

Applicant Signature _____ **Date:** ____/____/____

Staff Signature _____ **Date:** ____/____/____