



VOLUNTEER APPLICATION FORM

Love INC of Tigard, Tualatin & Sherwood

TODAY'S DATE: ____/____/____

FULL NAME: _____ SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ FAX: _____

HOME PHONE: _____ CELL: _____ WORK (If ok to call): _____

EMAIL: _____

CHURCH: _____

WHO REFERRED YOU? _____

WHY ARE YOU INTERESTED IN LOVE INC? _____

STATEMENT OF FAITH

We believe the Bible to be the inspired, the only infallible, authoritative Word of God.

- We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, His atoning death, His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power.
- We believe that for the salvation of lost and sinful people, regeneration by the Holy Spirit is absolutely essential.
- We believe in the spiritual unity of believers in our Lord Jesus Christ. Yes No

Signature: _____ Date: ____/____/____

Check the box if you have been a **client of Love INC** Last date helped ____/____/____ (approx.)

Have you attended the **Defining Difference Training**? Yes No

STATUS: Employed: P/T F/T Retired Other _____

AGE RANGE: 18-25 26-40 41-60 61 or above **BIRTH MONTH/DAY:** (MM/DD____/____)

AVAILABILITY: (Check boxes for times you are available—Note: Clearinghouse hours are week day)

Week day Evening Weekend Summer School Year

Preferred Day(s)/Time(s): _____

LIMITATIONS: (List any personal limitations that would affect where we place you – time, physical or mental, allergies): _____

WORK EXPERIENCE: _____

VOLUNTEER EXPERIENCE: _____

INTERESTS/PASSIONS/SKILLS/STRENGTHS: _____

PERSONALITY TYPE: *(Check all that apply)*

- People** - I am a people person and enjoy working with others. **I prefer:** *(Circle all that apply)*
Adults / teens / children Clients / donors / shoppers
Face-to-face / Over the phone Meeting new people / Developing relationships

- Product** – I like to work with my hands. **I prefer:** *(Circle all that apply)*
Working with a volunteer team / independently
Home-made crafts / unskilled tasks / skilled tasks

- Paperwork** - I like office work. **I prefer** *(Circle all that apply)*
Calling volunteers / filing / data entry / mailings

- Foreign Language** _____ *(circle one)* Beginning, Intermediate, Advanced

(If skilled in any area, please specify) _____

Services

- | | | |
|-----------------------|-------|------------------------------|
| ___ Rides | | ___ Errand Runner/Deliveries |
| ___ Transportation | → | ___ I have a truck! |
| ___ Meals | | ___ House cleaning |
| ___ General Yard Work | | ___ Painting |
| ___ Bike Repair | | ___ Plumbing |
| ___ Auto Repair | | ___ Electrical |
| ___ Carpentry | | |
| ___ Other | _____ | |

Relational

- | | | |
|--------------------------|------------|------------------|
| ___ Phone Volunteer | | ___ Card writing |
| ___ Office Help | | |
| ___ Mentoring/Counseling | What type? | _____ |
| ___ Events | | |

Professional

- | | | |
|------------------------|------------------------|-----------------------|
| ___ Computers/Website | ___ Job Counseling | ___ Teaching |
| ___ Dental or Medical | ___ Fundraising | ___ Photography/Video |
| ___ Financial Planning | ___ Board of Directors | ___ Writing |

PLACEMENT AREA: *(Number areas of interest in your preferred order, where 1 is your first choice.)*

- ___ Clearinghouse Call Center (phone helpline or office)
- ___ "Gap" Ministries
- ___ Craft/Project Teams (product for the community)
- ___ Other *(specify)* _____

BACKGROUND SUPPORT: I would also like to support the overall ministry through:

- Prayer – prayer meeting / e-mailed prayer sheet
- Donations - Finances / Product donations / Professional service
- On-Call Projects – e.g. Catering / Bulk Mail / Errands / Cleaning / Events

FREQUENCY: *(Indicate how often you would like to serve)*

- Weekly Monthly Special Project On-Call

OFFICE USE ONLY

NAME: _____ (Volunteer same time as: _____)

COORDINATOR COMMENTS: _____

PLACEMENT AREA: _____

TRAINING DATE: ____/____/____

NOTES: (Note any specifics not captured in Orientation, e.g. has equipment to loan, drives a truck, has space to donate, wants more info on group opportunities, likes/dislikes, etc.)

ROLE: _____ **START DATE:** ____/____/____

VOLUNTEER SUPERVISOR: _____

REASSIGN DATE: ____/____/____ **REASSIGN NOTES:** _____

Excel Database Placement Update