



NLEC Volunteer Application

Date: _____

FOR OFFICE USE ONLY: Donor ID#: _____

Contact Information

Name	
Street Address 1	
Street Address 2	
City, ST, ZIP Code	
Home Phone Number	
Work Phone Number	
Alternate Phone Number	
Fax Number	
E-Mail Address	
Church Name	
Church Address	
Church City, ST, ZIP Code	

Availability

During which hours are you available for volunteer assignments?

- Monday AM PM Thursday AM PM Sunday AM PM
 Tuesday AM PM Friday AM PM
 Wednesday AM PM Saturday AM PM

Interests

Tell us in which areas you are interested in volunteering

- | | | | |
|---|---|---|--|
| <u>Office/Administration</u> | <u>Building M/R</u> | <u>Medical Services</u> | <u>Events</u> |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Appliance Repair | <input type="checkbox"/> General | <input type="checkbox"/> Christmas |
| <input type="checkbox"/> Clerical/Data Entry | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Dental | <input type="checkbox"/> Thanksgiving |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Electrical | <input type="checkbox"/> Vision | <input type="checkbox"/> Faith Promise Dinners |
| <input type="checkbox"/> Pick-up & Delivery | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Weekend w/ The Homeless |
| <input type="checkbox"/> Telethon Phone Bank | <input type="checkbox"/> Painting | | <input type="checkbox"/> Luncheons/Picnics |
| | <input type="checkbox"/> Plumbing | | |
| <u>Ministry</u> | <u>Meals/Supplies</u> | <u>Media</u> | <u>Other</u> |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Making Sandwiches | <input type="checkbox"/> Digital Photography | <input type="checkbox"/> Fan & A/C Assistance |
| <input type="checkbox"/> Home Visits | <input type="checkbox"/> Meals for Shelter | <input type="checkbox"/> TV Camera Operator | <input type="checkbox"/> Renewable Energy |
| <input type="checkbox"/> Hospital Visits | <input type="checkbox"/> Personal Care Kits | <input type="checkbox"/> Video/Audio Production | <input type="checkbox"/> Shelter / Free Store |
| <input type="checkbox"/> Ministering Thru Marketing | <input type="checkbox"/> Winterization Kits | | <input type="checkbox"/> Veteran Support |
| <input type="checkbox"/> Missions | <input type="checkbox"/> | | <input type="checkbox"/> Winter Patrol |

Location

Tell us in which NLEC location you are interested in volunteering at

- Berryville, AR Cape Girardeau, MO Columbia, MO Columbus, KS Decatur, IL
 Jefferson City, MO Joplin, MO Kansas City, MO Marshfield, MO New Bloomfield, MO
 Potosi, MO Shelbyville, IL Springfield, MO St. Louis, MO Van Buren, MO

Special Skills, Qualifications or Certifications

Summarize special skills, qualifications and certifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Volunteer Experience

Summarize your previous volunteer experience with NLEC or other organizations.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone Number	
Work Phone Number	
Alternate Phone Number	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate release.

Digital Signature	
Date	

Comments

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