



# United Board of Missions Volunteer Information

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT: (Name) \_\_\_\_\_ Relationship \_\_\_\_\_

(Phone) \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ DO YOU SPEAK SPANISH? \_\_\_\_\_

WORK EXPERIENCE: \_\_\_\_\_

VOLUNTEER EXPERIENCE: \_\_\_\_\_

WHO CAN WE THANK FOR YOUR REFERENCE TO UBM? \_\_\_\_\_

## PLEASE CHECK YOUR AREA(S) OF INTEREST:

### UNITED BOARD OF MISSIONS:

Client Interviewer \_\_\_\_\_ Food Pantry \_\_\_\_\_ Office Work \_\_\_\_\_

Meals on Wheels \_\_\_\_\_ Work with Toys & Christmas \_\_\_\_\_ Back to School \_\_\_\_\_

**THE RETAIL STORE:** The Missions Attic \_\_\_\_\_ Pickup/Delivery \_\_\_\_\_

Sort Donations \_\_\_\_\_ Cashier \_\_\_\_\_ Warehouse \_\_\_\_\_

Circle Available Days MON TUES WED THURS FRI SAT

Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_

I understand information regarding clients, customers, and co-workers I work with is confidential.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_