

VOLUNTEER APPLICATION

FILL OUT THE FOLLOWING FORM IN ITS ENTIRETY. APPLICATIONS WITH MISSING INFORMATION WILL NOT BE ACCEPTED.

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female

Ethnicity: Hispanic Non-Hispanic

Race: African-American Asian American Indian Caucasian Bi-Racial Other

Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Work Phone: _____ Home Phone: _____ Other: _____

Are you currently employed? Yes No

Employer: _____ Occupation: _____

Highest level of Education completed: High School Associates Degree Bachelor Degree
 Graduate Degree Post Graduate GED Other

How did you learn about Agape Community Center? _____

Days available to volunteer: Monday Tuesday Wednesday Thursday Friday Saturday

Indicate your area(s) of interest as a volunteer: Food Health Neighborhood Education

Do you have special skills or talents you would like to share? Please list:
