



## Toledo Area Ministries Group Volunteer Application

Organization: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Age Range \_\_\_\_\_ Phone: \_\_\_\_\_

Main Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_

Main Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

Are there any physical or medical limitations to any members of this group?  
NO \_\_\_ YES \_\_\_. *If yes, please explain* \_\_\_\_\_.

Does anyone have a criminal record? NO \_\_\_ YES \_\_\_. *If yes, please explain on a separate sheet of paper and attach to this form.*

TAM requires and pays for anyone over 18 to have a criminal background check.  
Is this something this group would be willing to do? NO \_\_\_ YES \_\_\_.

How did you hear about Volunteer Opportunities with TAM? \_\_\_\_\_  
\_\_\_\_\_.

**Please check the programs in which this group is interested in volunteering. To become more familiar with our programs, please visit our website at [www.tamohio.org](http://www.tamohio.org).**

\_\_\_\_ Clearinghouse  
\_\_\_\_ SNAP Outreach  
\_\_\_\_ Managed Care Advocacy Program  
\_\_\_\_ Feed Your Neighbor

\_\_\_\_ Coalition for Quality Education  
\_\_\_\_ Toledo Urban Missions 4 Corners  
\_\_\_\_ Suitably Attired  
\_\_\_\_ Second Chance

**Type of Work Desired:**

One on One     Fundraising     Seniors     Food Pantry     Desk Work  
 Office     Children     Outreach     Teaching     Web Design  
 Communications     Manual Labor    Other \_\_\_\_\_.

**Availability/Commitment:**

Part Time     Full Time     Seasonal  
 Special Events (Gala/Impact Banquet/Walk to End Hunger)  
 1-3 mo.     3-6 mo.     6 mo. – 1yr

How many hours will this group volunteer per week? \_\_\_\_\_ Per month? \_\_\_\_\_.

Please mark available days and hours this group is able to volunteer:

\_\_\_\_\_  
\_\_\_\_\_.

***Note: TAM requires emergency contact information for all participants involved in the above mentioned volunteer group. Please have the main contact person provide this information before the first day of volunteering.***

By signing this application, the above group and all its members hereby agree to the following rules and guidelines set forth by Toledo Area Ministries.

#1    Print    Name	Signature	Date
#2    Print    Name	Signature	Date

**Volunteer Coordinator:** Patti Phlegar • 444 Floyd Street, Toledo, Ohio 43620 • **Phone** 419-242-7401

**Fax:** 419-242-7404 • **E-mail:** TAM@tamohio.org • **Visit Us at** [www.tamohio.org](http://www.tamohio.org)