



## Toledo Area Ministries Volunteer Application

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_

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

Zip Code \_\_\_\_\_ DOB \_\_\_\_\_ E-Mail \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate # \_\_\_\_\_

Current Employer or Retired From: \_\_\_\_\_

Do you have any physical or medical limitations? NO \_\_\_ YES \_\_\_. *If yes, please explain briefly:* \_\_\_\_\_.

Do you have a criminal record? NO \_\_\_ YES \_\_\_. *If yes, please explain:*  
\_\_\_\_\_  
\_\_\_\_\_.

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

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

General Interests: \_\_\_\_\_  
\_\_\_\_\_.

Special Skills Offered: (Example: Lawyer, great with math, web design, working with children etc.) \_\_\_\_\_  
\_\_\_\_\_.

### Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Clearinghouse                 | <input type="checkbox"/> Coalition for Quality Education |
| <input type="checkbox"/> SNAP Outreach                 | <input type="checkbox"/> Toledo Urban Missions 4 Corners |
| <input type="checkbox"/> Managed Care Advocacy Program | <input type="checkbox"/> Suitably Attired                |
| <input type="checkbox"/> Feed Your Neighbor            | <input type="checkbox"/> 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 would you like to work per week? \_\_\_\_\_ Per month? \_\_\_\_\_

Which Days Are Best For You? (Please circle) Sat Sun Mon Tue Wed Thu Fri

Which Hours? \_\_\_\_\_.

**Professional References:**

1. Name \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**By signing this application, I do hereby agree to the following rules and guidelines set forth by Toledo Area Ministries.**

\_\_\_\_\_  
Name Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date