COMMUNITY CHRISTIAN CONCERN
VOLUNTEER APPLICATION

DATE_____

_____/_____/_____

LAST NAME FIRST NAME MIDDLE DATE OF BIRTH

_____ S M W D

ADDRESS CITY STATE ZIP MARITAL STATUS

_____

HOME PHONE CELL PHONE OTHER CONTACT NUMBER E-MAIL ADDRESS

_____

EMERGENCY CONTACT NAME PHONE NUMBER RELATIONSHIP

SPECIAL SKILLS, PERTINENT WORK HISTORY AND/OR HEALTH RESTRICTIONS

_____

_____

_____

PERSONAL REF: NAME ADDRESS CITY/STATE/ ZIP PHONE NUMBER

_____

NAME OF CHURCH CITY NAME OF PASTOR PHONE NUMBER

CCC and JANET'S KORNER are open Monday through Thursday – 9:00 am to 4:00 pm and Friday 9:00 am to 2:00 pm
JANET'S KORNER is also open every Saturday 9:00 am to 2:00 pm

***PLEASE NOTE* COUNSELORS REQUIRE A LETTER OF RECOMMENDATION FROM THEIR CHURCH PASTOR**
(It can be mailed, E-mailed or hand delivered)

Have you ever been a client of CCC? Yes____ No____. If yes, last date of assistance_____

VOLUNTEER AREAS AND DAYS AVAILABLE

PLEASE CHECK ONE OR MORE:

Receptionist ____ Counselor____ Food Pantry____ Clothing____ Other (pick up/delivery) ____

MON._____ TUES._____ WEDS._____ THURS._____ FRI._____

EVERY DAY_____ EVERY WEEK_____ EVERY MONTH_____ FLOATER ON CALL AS NEEDED_____

I understand that my first month of service as a Volunteer will be on a **TRIAL BASIS.**
Permanent Volunteer status thereafter, is on a mutually agreed basis between CCC and myself.

_____

Volunteer Signature **Date** **Interviewer Signature** **Date**

(Revised **2-1-2020)**