



VOLUNTEER APPLICATION

Revised 3/2020

Today's Date: _____

Adult Youth

Name: _____
LAST FIRST MIDDLE INITIAL

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth _____ / _____ / _____ Gender: _____ Male _____ Female
MONTH DAY YEAR

Spouse Name: _____ Are they also a BRM volunteer? _____

Church Attending: _____

Occupation/Business or School: _____

Special Skills: _____

How did you hear about BRM? _____

Physical limitations to volunteering (if any): _____
(Every effort will be made to accommodate special needs where possible.)

Is it acceptable to share your contact information with fellow volunteers for BRM purposes?
_____ Yes _____ No

Reference (if you have not been personally known by staff or board member for more than one year):

Name Relationship Phone Number

FOR OFFICE USE ONLY:

Background check done by: _____ Date completed: _____

Fingerprinting Release Signature Date: _____ Fingerprint Results Date: _____

Training done by: _____ Date completed: _____

Volunteer entered into Donor Perfect by: _____ Date completed: _____



I WANT TO MAKE A DIFFERENCE!

Please check any of the following opportunities where you feel called to volunteer for Brevard Rescue Mission. You will be contacted as needs arise.

Facilities

- Architecture
- Bike repair
- Car Repair
- Clean-up Apartments
- Carpenter/ Gen'l Contractor
- Electrical/Plumbing/Roofing
- Facility Preparation/Repair
- HVAC
- Moving Furniture
- Painting
- Pest Control
- Yardwork, Landscaping
- Interior Design

Administrative

- Accountant, Bookkeeping
- Clerical, Phone Calls, Admin
- Computers/Technology
- Fundraising Events Committee
- Graphic Design/Newsletters
- Legal
- Photography, Videography

Program

- Dental
- Hospitality /Parties
- Kids Club Child Care
- Legal Help for Residents
- Life skills Educator
- Mental Health/Counseling
- Pastoral
- Teach Bible Study
- Transport Residents
- Tutor
- Sewing
- Other: _____

May we add your email to our database to receive updates on successes and happenings at BRM as well as volunteer opportunities? _____ Yes _____ No

As I may be working around or with residents, I authorize Brevard Rescue Mission to run a background check on me.

Signature

Date

I am generally available at the following times:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							