JACOB'S PLACE HOMELESS MISSION, INC.
www.jacobsplace.org Jacobs-place@hotmail.com
501-380-8283
P.O. Box 1643
Searcy, AR 72143

VOLUNTEER APPLICATION

NAME: _____ _____ _____
First Initial Last

Mailing Address: _____ _____ _____
City/State Zip

Phone Numbers: (___)_____ (___)_____ _____
Cell Home Primary E-mail

Educational Background: _____

Special Skills/Training: _____

Volunteer Experience: _____

Other information you would like to share: _____
_____

AREAS OF INTEREST: Office/Receptionists ___ Maintenance ___ Client/Children Interaction ___
Client transportation ___ Mentoring ___ Fundraising ___ Other: _____

NOTE: Volunteers will be monitoring the office phone & service calls during regular shift volunteering.

Applicants expressing interest in fundraising events will be forwarded to the Board Fundraising Team.

Please List Two References: Name-Phone Number-Relationship

1. _____
2. _____

_____ _____
Signature of Volunteer Applicant Date

Please complete fully and return to: Jacob's Place, P.O. Box 1643, Searcy, AR 72145

Thank you very much for considering this mission as your work!

Where Did You Get This Volunteer Application? _____

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Office Use Only: Date Received: _____ Initial Contact Date: _____ Contact Follow-up: _____

_____
_____
_____
_____

_____
Staff Date of Follow-up

Created: 2006 Updated: 9/2008