



CHURCH OUT SERVING

83 Sydenham Street, Simcoe, ON N3Y 1R8

VOLUNTEER APPLICATION

Please mail completed form to address above,
or email to churchoutserving@gmail.com.

Name:

Date:

Address:

Home Phone:

Town:

Postal Code:

Cell Phone:

Email:

Date of Birth:

How did you hear about Church Out Serving? Please check all that apply:

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> A Church Out Serving Volunteer or Project | <input type="checkbox"/> Website | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Agency: _____ | <input type="checkbox"/> Church: _____ | |
| <input type="checkbox"/> Friend/Relative: _____ | <input type="checkbox"/> Other: _____ | |

Which Church Out Serving Project(s) do you wish to serve in? Please check all that apply:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Donation Station | <input type="checkbox"/> First Serving Dinners | <input type="checkbox"/> Ice Box Frozen Meals | <input type="checkbox"/> The Gathering Food Gardens |
| <input type="checkbox"/> Home For The Night | <input type="checkbox"/> Riversyde 83 (please complete a RS83 Volunteer Application) | | |
| <input type="checkbox"/> COS Administration | <input type="checkbox"/> Other: _____ | | |

Indicate your skills and interests. Please check all that apply:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Electrical | <input type="checkbox"/> Event Planning | <input type="checkbox"/> General Repair/Maintenance |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Construction | <input type="checkbox"/> Drywall | <input type="checkbox"/> Clerical/Administrative |
| <input type="checkbox"/> Audio/Video/Sound | <input type="checkbox"/> Moving Service | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Transportation/Delivery |
| <input type="checkbox"/> Cleaning/Janitorial | <input type="checkbox"/> Gardening | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Governance/Management |
| <input type="checkbox"/> Food/Culinary Skills | <input type="checkbox"/> Music | <input type="checkbox"/> Painting | <input type="checkbox"/> Promotion/Marketing |
| <input type="checkbox"/> People/Relational Skills | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Décor | <input type="checkbox"/> Writing Proposals/Reports |
| <input type="checkbox"/> Computer/Website | <input type="checkbox"/> Prayer | <input type="checkbox"/> Tutoring/Mentoring | <input type="checkbox"/> First Aid/CPR |

Describe any other skills or interests you have:

Describe any education or training you have:

Describe any work or volunteer experience you have:

When are you available:

Share three things about yourself, that will help us get to know you better:

1.

2.

3.

Why would you like to volunteer with Church Out Serving?

Thank you for your interest in volunteering. Please note that all information you provide will be used for the sole purpose of volunteering and communications at Church Out Serving.

Signature: