



The Compass Community Development Corporation Volunteer Application

Contact Information

Applicant's Name: _____ Date: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Home phone: _____ Cell phone: _____

Social Security # _____ Date of Birth _____

Spouse's Name _____

Emergency Contact

Name: _____ Relationship: _____

Home phone: _____ Other phone: _____

Physical Limitations

No Yes (If yes, please Explain) _____

Education (Circle the highest level completed)

Grades 1-5 6-9 11-12 College Business Graduate School Technical/Vocational

Are you fluent in any language other than English (including sign language)?

Yes No *If yes, please list the language(s):* _____

Program Selection

Which program interest you?

The Compass Food Pantry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
THE HUB	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dee's Haven/Rev's House	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My Sister's Closet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Compass Community Garden	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Connections	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide a list of relevant program experience: _____

Skills and Interests (Please check all that apply)

- Computer/Internet
- Organizing/Scheduling
- Case Management
- Job Readiness/Employability Training
- Public relations/Communications
- Financial Coaching
- Teaching/Training
- Mentoring
- Data Entry
- Social Work
- General Office Work
- Assist individuals/One-on-one direct client service
- Other _____

Availability

Hours per month 4 or less 5 to 10 More than 10

Time of availability 1. _____ 2. _____ 3. _____

Preferred days and times

- Monday Morning Afternoon
- Tuesday Morning Afternoon
- Wednesday Morning Afternoon
- Thursday Morning Afternoon
- Friday Morning Afternoon
- As Needed

Are you licensed and able to drive an automobile? Yes No

Experience

Employer Information (include paid and volunteer experience)

Retired Yes No

Company/Organization: _____

Dates of service: From _____ to _____

Contact person: _____ Phone: _____

Paid employee Volunteer

Company/Organization: _____

Dates of service: From _____ to _____

Contact person: _____ Phone: _____

Paid employee Volunteer

Education

College/University: _____

Degree: _____

Medical History

Do you have any medical conditions you would like The Compass Community Development Corporation to be aware of? Yes No

If yes, please describe:

Do you require any special accommodations? Yes No

If yes, please describe _____

References

Please list two references that are not related to you.

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Disclaimer

I declare that the information provided and statements made in this application are true and complete to the best of my knowledge and belief. I also declare that I understand that the purpose of the training I receive as a The Compass Community Development Corporation volunteer is to provide services free of charge and is not to be used for my personal monetary gain.

Signature: _____

Date: _____