



HERITAGE
CHRISTIAN SERVICES

Empowering people. Enriching lives.

SPECIAL EVENT VOLUNTEER APPLICATION
HERITAGE CHRISTIAN SERVICES

(please print)

Today's Date: _____

Personal Information

Primary Contact's Name: _____

Address: _____

City _____ Zip code _____

Phone: _____

Email: _____

Additional names (please include ages if under 18): _____

Does anyone in your group have allergies? Yes No

Animals ___ Smoke ___ Other _____

Please explain: _____

Any physical limitations? _____

Volunteer Experience

Do you have any volunteer experience: Yes No

If yes, please explain: _____

Transportation:

Do you have reliable transportation: Yes No

Do you have a valid driver's license: Yes No

Background Data: **Background checks will be completed on volunteers*

Have you ever been convicted of a crime: Yes No

If yes, state what type of crime, the court and date of conviction, and present status _____

Do you have a conviction or prior history of child abuse, neglect, or mistreatment?

Yes No

Volunteer Screening Information

Area of Interest (please circle):

Residential

Spiritual care

Day Programs

Respite

Special Events

Finger Lakes Region Only

A Second Thought Resale Shop

Springdale Farm

Heritage Christian Stables

Bakery

Pieters Family Life Center

Western New York Area Only

Club Adventure

Community Garden

Other: _____

Related Experience:

1. Special interests and hobbies (for example, fishing, quilting, music, art, etc.):
2. Do you have any experience with people with developmental disabilities?:
3. What led you to choose Heritage Christian Services?
4. What would you like to do as a volunteer?
.
5. Availability and commitment:

Primary Contacts signature _____ Date _____