



Volunteer Application

Date _____

Name _____ DOB: _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Home Church if any _____

Occupation _____

Emergency Contact: _____ Phone _____

What days and times are you available to volunteer? _____

We are unable to offer volunteer hours Monday-Saturday after 4pm or on Sunday.

How often? Weekly Bi-weekly Monthly Holidays

May we take your picture while you are serving? Yes No *(Pictures of volunteers are sometimes used in our marketing and media outreach).*

In what area (s) would you be interested in serving?

Ongoing:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Thrift Store | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Computer Lab |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Administration | <input type="checkbox"/> Meal Service | <input type="checkbox"/> Sort canned food- Groups only |
| <input type="checkbox"/> Clothing Ministry | <input type="checkbox"/> GED/Tutoring | <input type="checkbox"/> Holiday Meals | |

Special Events: Golf Tournament Annual Banquet

Please return to:
*Volunteer Coordinator
718 N. Trade Street
Winston-Salem, NC 27101
volunteer@wsrescue.org*