

# House of Refuge Ministries

## Volunteer Application

Date: \_\_\_\_\_

First Name	Middle Initial	Last Name
Address	City	State
		Zip Code
Home Phone	Mobile Phone	Email Address
Employer	Work Phone	Job Title

Have you ever been convicted of a misdemeanor? \_\_\_yes \_\_\_no

Have you ever been convicted of a felony? \_\_\_yes \_\_\_no

**When are you available to serve:**

Days (check more than one if applies)	Times (check more than one if applies)
<input type="checkbox"/> Monday	<input type="checkbox"/> AM
<input type="checkbox"/> Tuesday	<input type="checkbox"/> PM
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Nights
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	
<input type="checkbox"/> Sunday	

**How did you hear about the House of Refuge Ministries:**

Please Check one	
<input type="checkbox"/> <b>Church</b> <hr style="width: 80%; margin: 2px auto;"/> <small>Church Name</small> <input type="checkbox"/> <b>Internet</b> <input type="checkbox"/> <b>Seminar</b> <input type="checkbox"/> <b>Newspaper</b> <hr style="width: 80%; margin: 2px auto;"/> <small>Newspaper Name</small> <input type="checkbox"/> <b>Police Dept.</b> <hr style="width: 80%; margin: 2px auto;"/> <small>Dept. Name</small>	<input type="checkbox"/> <b>Conference</b> <hr style="width: 80%; margin: 2px auto;"/> <small>Conference Name</small> <input type="checkbox"/> <b>Mailing</b> <input type="checkbox"/> <b>Radio</b> <hr style="width: 80%; margin: 2px auto;"/> <small>Station Name</small> <input type="checkbox"/> <b>Other</b> <hr style="width: 80%; margin: 2px auto;"/>

Skills (Check all that apply)	
<input type="checkbox"/> <b>Clerical</b> (filing, phone answering, copying, etc.) <input type="checkbox"/> <b>Professional Counselor/Social Worker</b> <input type="checkbox"/> <b>Computer Hardware</b> <input type="checkbox"/> <b>Website maintenance</b> <input type="checkbox"/> <b>Website design</b> <input type="checkbox"/> <b>Graphic designer</b> <input type="checkbox"/> <b>Accounting</b> <input type="checkbox"/> <b>Computer Software</b>  <small>List Application:</small> <hr/> <hr/> <hr/>	<input type="checkbox"/> <b>Grant Writing</b> <input type="checkbox"/> <b>Fund Raising</b> <input type="checkbox"/> <b>Childcare</b> <input type="checkbox"/> <b>Arts/Crafts</b> <input type="checkbox"/> <b>Housekeeping</b> <input type="checkbox"/> <b>Marketing</b> <input type="checkbox"/> <b>Public Relations</b> <input type="checkbox"/> <b>Writing</b> <input type="checkbox"/> <b>Other</b>  <hr/> <hr/> <hr/>