



Volunteer Application

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Why are you interested in becoming a Dock volunteer?:

---

---

---

---

Please describe any experience you have that might be related to your interest in volunteering at The Dock:

---

---

---

---

Have you ever been convicted of a felony? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain: \_\_\_\_\_

---

---

What days are you available to serve at The Dock? *(check all that apply)*

Monday       Tuesday       Wednesday       Thursday

How often will you be serving?:

Weekly       Biweekly       Other

In what areas are you interested in serving? *(check all that apply)*

<input type="checkbox"/> Refuel Station Volunteer	<input type="checkbox"/> SALT Leadership
<input type="checkbox"/> Food donations/Meal Prep	<input type="checkbox"/> Cadets/GEMS
<input type="checkbox"/> Serving food/Kitchen Clean-up	<input type="checkbox"/> Gardening Club
<input type="checkbox"/> Kitchen Coordinator	<input type="checkbox"/> Sleep in Heavenly Peace
<input type="checkbox"/> Teen Cuisine	<input type="checkbox"/> Maintenance/Custodial
<input type="checkbox"/> Shopping/Stock Inventory	<input type="checkbox"/> Arts & Crafts/Supply org.

Do you have any physical/mental limitations?:       yes       no

If yes, please describe: \_\_\_\_\_

---

I have read and agree with The Dock Ministries Statement of Faith.

I agree to adhere to the responsibilities for team members as outlined in The Dock Volunteer Handbook.

I agree to submit to and uphold the child protection policy. I understand that in order to serve, I must undergo a background check and be interviewed by the Dock director.

Signature: \_\_\_\_\_

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