

**HUNT COUNTY SHARED MINISTRIES VOLUNTEER APPLICATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Spouse Name: \_\_\_\_\_

Where do you attend church? \_\_\_\_\_

Do you know if your church is a regular supporter of FISH? \_\_\_\_ Yes \_\_\_\_ No

Have you volunteered with any agency with similar services and if so, when & where?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What area or areas of service are you most interested? (*Volunteer Job Descriptions*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What day of the week works best for your schedule?

- Monday     Tuesday AM     Wednesday     Thursday AM     Friday  
 Tuesday PM     Thursday PM

\*Each applicant will be asked to complete an emergency medical information Form upon becoming a volunteer with Hunt County Shared Ministries.