

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.