



"Showing God's compassion for our neighbors in need, and thus building our community together"

701 Whitfield St.
P.O. Box 1171
Fayetteville, NC 28302
(910) 483-5944 (phone)
(910) 483-5116 (fax)

www.fayurbmin.org

DATE: _____

Volunteer Application

Last Name: _____ First Name _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Address: _____ City _____ Zip _____

DOB: _____ NCDL# _____ Exp. Date _____

How long have you lived at this address? _____

List previous address if you have lived at current address less than two years:

How Long have you lived in this county? _____ In North Carolina? _____

Family Status: Single ____ Married ____ Widowed ____ Divorced ____ Separated ____

Spouse's Name: _____

Emergency Contact Person: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell: _____

Employer: _____ Your Position: _____

Phone: (____) _____ Schedule: _____ May we call you at work? ____

How did you learn about F.U.M.?

TV/Radio Website Brochure Newspaper Library Special Event Friend/Family
 Employer Poster Other Agency Other Client/ Student Other: _____

Education (Indicate schools, majors, degrees):

List any past volunteer experience (Include Dates, Supervisors and contact information):

What are your unique skills & talents?

List clubs, professional organizations, religious institution affiliation (indicate offices held and year)

In what capacity would you like to volunteer? Please check ALL that apply:

- | | |
|--|---|
| <input type="checkbox"/> Work with youth (mentor, chaperone, etc.) | <input type="checkbox"/> Home Improvement & Maintenance |
| <input type="checkbox"/> Tutoring Adult Students | <input type="checkbox"/> Food & Clothing Sorter & Organizer |
| <input type="checkbox"/> Administrative (Filing, typing, phones, etc.) | <input type="checkbox"/> Communications & Marketing |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Other: _____ |

What are the best days and time for you to volunteer?

Mon: _____ Tue: _____ Wed: _____ Thur: _____ Fri: _____ Sat: _____ Sun: _____

Do you take any illegal drugs? _____

Do you have any history of excessive use of any drugs (Over the counter, prescription, and/or alcohol)? If so, please give details _____

Have you ever been convicted of a crime? If yes, please list with dates:

Statement of Agreement:

I am interested in serving as a volunteer with Fayetteville Urban Ministry (FUM). I am prepared to receive training and to abide by the rules of FUM and the laws that apply to me as an individual and as a volunteer. I will devote the agreed-upon time to the tasks and purpose given to me by FUM Staff as long as I am able and needed. I will hold Fayetteville Urban Ministry blameless if I incur injury while I am carrying out my work as a volunteer. I will also hold any information that I see, hear or receive about FUM's operations, FUM's clients, or FUM's supporters as confidential, and will not share this information with outside entities unless given specific permission by the FUM Executive Director.

Applicant's Signature

Date