

Agape Community Services Volunteer Registration Form

Volunteer Information

1. Full Name: _____

2. Date of Birth: _____

3. Gender: _____ Age: _____

4. Address: Street: _____

City: _____ State: _____ Zip: _____

5. Contact Information:

- Home: _____

- Cell: _____

-Email: _____

Emergency Contact Information

1. Emergency Contact Name: _____

2. Relationship to Volunteer: _____

3. Emergency Contact Phone Number: _____

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Volunteer Interests

1. Preferred Volunteer Areas (please check all that apply):

- Youth Sports Leagues (Coach, Assistant Coach, Referee)
- Community Outreach Programs
- Charitable Giveaways and Events
- Administrative Support
- Fundraising Activities
- Other (please specify): _____

2. Skills and Experience:

- Please describe any relevant skills, experience, or certifications: _____

3. Availability:

- Weekdays
- Weekends
- Evenings
- Flexible
- Please specify preferred days and times: _____

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Background Check and References

1. Have you ever been convicted of a crime?

- Yes

- No

- If yes, please explain: _____

Personal References

- Reference 1:

- Name: _____

- Relationship: _____

- Phone Number: _____

- Email Address: _____

- Reference 2:

- Name: _____

- Relationship: _____

- Phone Number: _____

- Email Address: _____

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Volunteer Agreement

____ I, the undersigned, agree to abide by the policies and procedures of Agape Community Services.

____ I understand that my involvement as a volunteer is at the discretion of the organization and that any information provided will be used for the purposes of evaluating my suitability for volunteer work.

____ I acknowledge that I am volunteering at my own risk and agree to hold Agape Community Services, its staff, and affiliates harmless from any and all liability, claims, demands, and causes of action arising out of or relating to my participation as a volunteer.

Date: _____

Print: _____

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Volunteer Signature: _____

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*** This Page Office Use Only ***

- Application Received: Yes No

- Background Check Completed: Yes No

- References Checked: Yes No

- Approved to Volunteer: Yes No

- Assigned Volunteer Role: _____

- Start Date: _____

Processed by: _____ Date: _____

Signature: _____