

PO Box 354 • Baxley, GA 31515 Phone: 912-366-7777 • Fax: 912-366-7798

Office Use Only					
Date					
Review By					
$\square$ Approved					
☐ Not Approved					

## **VOLUNTEER APPLICATION**

Name			Age	Race	Sex
Address					
City		State	Zip		
☐ Home ☐ Cell Pho	ne	Best time to call $\Box$	8 a.m. – 5 p	o.m. □ a	fter 5 p.m.
Email					
	ortunity are you interested in? (ch				
☐ Bible Study	☐ Transportation/Driver☐ AA/NA Group	☐ Family Day	al Events		
Are you willing to be	a part of our next volunteer orient	tation?   Yes   No			
Why do you want to	volunteer at 24/7 House, Inc.?				
What hours would	you be available to volunteer?	?			
volunteer, and I here further authorize 24/ Disclaimer: It is the p	e 24/7 House, Inc. to contact the a by release them and their organiza 7 House, Inc. to maintain this info olicy of the 24/7 House to screen a the right to select applicants acco	ation from all liability for any rmation in their records and all prospective volunteers. W	damage for absolve the hile we try	r issuing t n from lia	he same. I ability.
volunteer duties for t	pect the confidential nature of the he 24/7 House, Inc. I authorize 24 nal materials, news releases, etc.	•	•	_	•
Signature of Applican	ıt	Dat	:e		