



# DAY VOLUNTEER APPLICATION

## REQUIRED

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact & Phone Number: \_\_\_\_\_

Adult  Minor

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What church do you currently attend (any)? \_\_\_\_\_

Any special accommodations required: \_\_\_\_\_

Please tell us about yourself and why you want to volunteer:

List professional skills and/or areas of donated services available:

**I will also complete the Assumption of Risk & Release from Liability Form.**

Yes  No I give permission to be photographed or videotaped by *Agape House of Prescott*. The images of me may be used for the purpose of promoting *Agape House of Prescott* and its services/programs. I give permission with the following understanding: No compensation of any kind will be paid to me at this time or in the future for the use of my likeness.

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Only if the volunteer is a minor)