

Hill Country Community Ministries Volunteer Application Form

(Please Print)

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Birth Date: _____

Employer: _____ Occupation _____

Are you Bilingual? Yes No

Emergency Contact: _____ Relationship: _____

Phone: _____

Church Attending: _____

Have you ever been a client at Hill Country Community Ministries? Yes No

Is a member of your family a current or past client of HCCM? Yes No

If so: _____
Name(s)

Have you previously volunteered at HCCM? Yes No Dates: _____ Area _____

Volunteer Experience: _____
*(Community Service
or Church Service)* _____

Work History: _____

How did you hear about HCCM? _____

Why did you choose HCCM? _____

HCCM Volunteer Area desired: *(Check all you may be interested in)*

<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Truck Unloading	<input type="checkbox"/> Board of Directors
<input type="checkbox"/> Food Pickup	<input type="checkbox"/> Grounds Maintenance	<input type="checkbox"/> Computer Support
<input type="checkbox"/> Casework	<input type="checkbox"/> Facility Maintenance	<input type="checkbox"/> Website Management
<input type="checkbox"/> Clothes Closet	<input type="checkbox"/> Landscape & Gardening	<input type="checkbox"/> Special Events
<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Special Projects	<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Prayer Partner –praying directly with clients	<input type="checkbox"/> Prayer Request Team – pray for submitted requests	<input type="checkbox"/> Client transportation to food appointment
<input type="checkbox"/> Client Food Order Delivery	<input type="checkbox"/> Budget Advisor	<input type="checkbox"/>
<input type="checkbox"/> Drive HCCM truck for Pickup and Deliveries *		

*If your volunteer assignment includes driving the HCCM truck, a clean driving record is required. List any traffic violations/accidents you have had during the past five (5) years:

Other Skills, Talents, Abilities: _____

Availability: *(Check all that apply – circle best times)*

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Signature _____ Date _____

Staff Notes:
