

232 S. College St.

Harrodsburg, KY 40330

To receive consideration for a volunteer position, please fill out this form and return to Beth Bowling at the above address or email to: christianlifecenterdirector@gmail.com.

The Christian Life Center is a non-profit, faith-based organization whose mission is to unite Mercer County by sharing faith, giving food and showing love to those in need.

After we receive your application, we will contact you to arrange for an in-person interview. All information on this form will be kept confidential and will help us find the perfect volunteer project for you.

Volunteer Application Form

		• •
First Na	ame:	
Last Na	ame:	
Street A	Address:	
	State:	Zip:
Home F	Phone:	Cell Phone:
Email: _		
Employ	ver (if applicable)	
	More About You	
assignn		al limitations that could affect your volunteer
	Yes	
	No	
	Have you volunteered at the Chris	stian Life Center in the past?
	Yes	
	No	

Please list your previous/current volunteer work and/or nonprofit boards on which you have served:

How did you l	earn about Ch	ristian Life Center?
Website		
Friend/Family	Member	
Social Media		
Other		
Why do you w	ant to volunte	er? What do you want to gain from your experience?
What special s	skills or interes	ets do you wish to utilize as a CLC volunteer?
Please check	any areas of ir	iterest or expertise:
Food Pantry		
Food Pick Up	/Delivery	
Sorting Room		
Driving Custo	mers	
	_	are available Monday through Friday: 9am to 12pm or y 9 am to 12 pm:
Monday	AM	PM
Tuesday	AM	PM
Wednesday	AM	PM
Thursday	AM	PM
Friday	AM	PM
Saturday	AM	

Are there any special accommodations requested?
Yes
No
Please explain:
Please provide three personal or professional references with contact information below:
Name:
Phone:
Email address:
Relationship:
Name:
Phone:
Email address:
Relationship:
Name:
Phone:
Email address:
Relationship:
Liability Release:
As a volunteer of Christian Life Center, I agree to abide by all policies and procedures as spelled out in the volunteer handbook. I understand that I volunteer at my own risk and neither the organization nor its employees assume any liability for any accidental injury or health problems arising from volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.
Signature: Date: