Episcopal Social Services
Venture House
P. O. Box 670
Wichita, KS 67201
316-269-4160 X 108

Volunteer Application

_____
Today's Date

_____
First Name | Last Name | Middle

_____
Mailing Address

_____
City | State | Zip

_____ _____ _____
Home Phone | Work Phone | Cell Phone

_____ _____
Email address | Date of Birth MM/DD/YY

In case of an emergency contact: _____

Relationship: _____

_____ _____ _____
Home Phone | Work Phone | Cell Phone

Your Church Affiliation/Parish/Synagogue: _____

_____ _____
Occupation | Employer

Have you ever used the services of Episcopal Social Services? ❑ Yes ❑ No
If so, when? _____

How did you hear about the need for volunteers at Episcopal Social Services?
❑Church Newsletter/Bulletin ❑United Way Volunteer Center ❑Volunteer Match
❑Friend/Relative (name: _____) ❑Newspaper
❑Web Site_____ Other_____

Please list any previous volunteer experience: _____
_____

Note your interests, hobbies, shills _____
_____
_____

Medical conditions we should know about: _____
_____

Episcopal Social Services has many volunteer opportunities where you can make a difference. Our goal is to find the best match between your interests and availability and our current needs. Upon review of your application, the Director of Volunteers will meet with you to discuss possible areas of service. At that time you will also need to complete the Volunteer Services Agreement and successfully pass the Kansas Bureau of Investigation background check.

Availability (Please check each day of the week and time of day you are available to volunteer)

Monday	❑ Morning	❑ Afternoon	❑ Evening
Tuesday	❑ Morning	❑ Afternoon	❑ (Evening in Butler County only)
Wednesday	❑ Morning	❑ Afternoon	
Thursday	❑ Morning	❑ Afternoon	❑ Evening
Friday	❑ Morning	❑ Afternoon	

_____ _____
Date available to begin Length of Commitment

Have you ever been convicted of a felony? ❑ Yes ❑ No
If so, please explain the circumstances: _____

_____

Please list two complete references:

1

First Name Last Name

Relationship to you Mailing Address

City State Zip

Home Phone Work Phone Cell Phone

2

First Name Last Name

Relationship to you Mailing Address

City State Zip

Home Phone Work Phone Cell Phone

Applicant's Signature Date