

COMMUNITY CHRISTIAN CONCERN

Prospective Volunteer Profile

DATE: _____

Last Name	First	Middle	date of birth	
			s	m w d
Address	City	State	Zip Code	Marital Status
Home Phone Number	Other Contact Number		E-mail Address	
Emergency Contact: name	phone no.		relationship	
Personal Physician Name and Phone Number	Preferred Hospital			

SPECIAL SKILLS, PERTINENT WORK HISTORY and/or HEALTH RESTRICTIONS

Personal Ref: Name	address	city, state, zip	phone number
Name of Church	City	Name of Pastor	phone number

***PLEASE NOTE *** CCC By-Laws state that your church/pastor must furnish a letter of recommendation to CCC before we can place you as a volunteer. Thank you.

Have you ever been a client of CCC? Yes__ No__ . If yes, last date of assistance _____

VOLUNTEER AREAS AND TIMES AVAILABLE : Circle one or more -

Receptionist Counselor Food Pantry Clothing Other (pick-up/delivery)

CCC is open Monday through Friday 9:00 a.m. until 2:00 p.m. – Janet's Korner may have slightly different hours of operation. Please indicate days & hours available.

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Please circle one or more

Every Day Every Week Every Month Floater On Call As Needed

** I understand that my first month's service as a Volunteer will be on a trial basis. Permanent Volunteer status thereafter, is on a mutually agreeable basis between CCC and myself.*

Volunteer Signature	Date	Interviewer Signature	Date
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