



Answers for Today's Family

Volunteer Application

1700 S. Flamingo Road, Davie, FL 33325
 PHONE: (954) 583-1552 • FAX: (954) 635-6301

Contact Information	
Name	
Street Address	
City, State, Zip	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	
Date of Birth	

Availability
What hours are you available for volunteer assignments?
<input type="checkbox"/> Weekday Mornings <input type="checkbox"/> Weekend Mornings <input type="checkbox"/> Or Special Events <input type="checkbox"/> Weekday Afternoons <input type="checkbox"/> Weekday Evenings

Interests
Tell us in which areas you are interested in volunteering:
<input type="checkbox"/> Events (Check below) <input type="checkbox"/> 5K Run/Walk <input type="checkbox"/> Auction <input type="checkbox"/> Back to School <input type="checkbox"/> Golf Tournament <input type="checkbox"/> Thanksgiving <input type="checkbox"/> Christmas <input type="checkbox"/> Administrative & clerical <input type="checkbox"/> Grounds maintenance <input type="checkbox"/> Phone coverage or calls <input type="checkbox"/> Other:

How did you hear about Sheridan House Family Ministries?

Church Affiliation	
Name of Church	
Pastor	
Area of Ministry	

Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience
Summarize your previous volunteer experience.

Agreement and Signature	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.	
Name (printed)	
Signature	
Date	