



## 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"/> Weekday Afternoons <input type="checkbox"/> Weekday Evenings	<input type="checkbox"/> Weekend Mornings <input type="checkbox"/> Or Special Events

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"/> Other:	<input type="checkbox"/> Grounds maintenance <input type="checkbox"/> Phone coverage or calls

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