



VOLUNTEER APPLICATION

Shively Area Ministries, Inc.

4415 Dixie Hwy. Louisville, KY 40216

(502) 447-4330

www.shivelyareaministries.com

Hours of Operation 9:30 a.m. – 12:30 p.m.

NAME _____

STREET ADDRESS _____

ZIP CODE _____ PHONE NUMBER _____ DATE OF BIRTH _____

EMAIL _____

HEALTH CONCERNS _____

EMERGENCY CONTACT PERSON _____ PHONE _____

RELATION TO VOLUNTEER _____

MODE OF TRANSPORTATION TO WORK _____

DAYS/HOURS YOU ARE AVAILABLE TO WORK _____

HOURS YOU WISH TO COMMIT TO WORK WEEKLY _____ OR MONTHLY _____

WORK RESTRICTIONS (IF ANY) _____

VOLUNTEER EXPERIENCE _____

HOW DID YOU HEAR ABOUT SAM? _____

REFERENCES:

1. _____ PHONE _____

2. _____ PHONE _____

I realize that someone on staff at SAM may contact the above listed references.

SIGNATURE _____

To be completed by SAM Staff:

Date to begin work _____

Area assigned to _____