**WE CARE VOLUNTEER APPLICATION**

**Chapin We Care Center encourages the participation of volunteers who support our Mission and Values.**

***Mission Statement***

*A Christian organization providing hope through food and other life essentials and skills to the needy in the greater Chapin area.*

***Values Statement***

*Chapin We Care Center embodies Christian values.  As servants we will be forgiving, respectful, loving and compassionate.  As stewards we will operate with integrity, trust and accountability.*

If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most appropriate volunteer opportunity for you.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/Retired From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any special talents or skills you have that you feel would benefit our organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us in which areas you are interested in volunteering:

Administration \_\_\_\_\_\_ Direct Client Interaction \_\_\_\_\_\_\_ Food handling/prep \_\_\_\_\_\_\_\_

Product pick up \_\_\_\_\_\_ Data entry \_\_\_\_\_\_\_ Special Events \_\_\_\_\_\_\_\_

Days available: Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thur \_\_\_\_ Fri \_\_\_\_

Times available: From \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any physical limitations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency contact (name/phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***As a volunteer applicant, I agree to abide by all We Care processes, policies, and procedures while in training, including maintaining client confidentiality, submitting to leadership in specific service areas as directed, and conducting myself in a manner that upholds We Care’s Mission and Values.***

***I understand that specific volunteer roles and schedules are not guaranteed to me but may be offered at the end of my training period. Likewise, I am under no obligation to serve at the end of my training.***

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_