



KLAMATH FALLS
Gospel Mission

Rescue + Recovery + Renewal

KLAMATH FALLS GOSPEL MISSION

1931 Mission Avenue, Klamath Falls, OR 97601

(541)-882-4895

Volunteer Application

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____

Phone _____ Male _____ Female _____

Education/ Experience _____

High School: _____ College _____ Degree _____

Do you have any physical or related limitations? Yes / No

If yes please describe _____

Do you have a valid driver's license? Yes / No State _____

Do you have your own transportation? Yes / No Make/Model _____

If no, do you have other reliable transportation? Yes / No

Do you know sign language? Yes / No

Do write/speak a language other than English? Yes / No If yes, list: _____

Emergency Contact: Name _____ Phone _____

Relationship: _____

Skills & Experience: _____

Certifications: _____

Why do you want to volunteer? _____

Have you been convicted of a crime? Yes/No Do you have an addiction history? Yes/No

If "YES" to any of the questions above please give dates and explanation of criminal conviction.

Please check areas where you would prefer to volunteer. Hours and days vary depending on your choices. If you desire to volunteer for areas involving spiritual oversight, you must be attending a local church regularly and will need a recommendation from your pastor, and will fill out a separate spiritual background questionnaire during our orientation meeting.

___ Administration Support

___ Kitchen Volunteer

___ Thrift Store

___ Devotions/Chapel

___ Women's Program

___ Men's Programs

___ Mentoring Program

___ Bible Class Teacher

___ Maintenance

Personal References

1. Name: _____ Phone: _____

E-mail: _____

2. Name: _____ Phone: _____

E-mail: _____

3. Name: _____ Phone: _____

E-mail: _____

Spiritual Background

Do you attend a local church? Yes/No If yes:

Church you attend: _____

Pastor's Name: _____ Phone: _____

To the best of my knowledge, the information on this application is true and valid. I understand that the Klamath Falls Gospel Mission will keep this information confidential. All volunteers will be interviewed before being assigned to a job.

Signature: _____

Date: _____

Staff Signature: _____

Date: _____

STAFF USE ONLY

Interview Notes: _____

Department Assignment: _____

Start Date: _____