## **Volunteer Application**

Non Paid Volunteer Status

Print Name:	Contact #:		
Address:	Email:		
City:	Zip:		

We appreciate your interest in a volunteer position within GHH Ministries. It is our goal to place you in an area within this ministry that would be best suited to your desired volunteer position, your talents and your giftings. To help us fulfill this goal please complete the questions below.

How did you hear about us? \_\_\_\_\_

Please check all desired locations:

- □ Thrift Store / Food Bank- 13958 Hwy. 215, Moreno Valley
- □ Thrift Store- 31741 Riverside Dr., Lake Elsinore
- □ Thrift Store- 115 E. Ramona Expressway, Perris
- □ Thrift Store / Warehouse- 21382 Harvill Ave Ste. 10, Perris
- □ Circle of Care Food Banks (multiple locations)

Please check type or types of volunteer work you are applying for:

- □ Sorting
- □ Straightening up merchandise on racks and shelves
- □ Stocking shelves
- Other, please explain: \_\_\_\_\_\_

Please complete the back of this application

Days and Ho	urs available:	E	<i>Example</i> : <u>9:00am – 12:00pm</u> Mon			
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date you are	e able to start:					
Please list ar				o better place y		
Do you have	any physical o	or medical lir	nitations?	Yes No	:	
If you answe	ered yes, pleas	e explain:				

Please give three character references:

Name	Address	Years known	Phone #	
Name	Address	Years known	Phone #	
Name	Address	Years known	Phone #	
Will you agre	e to a background check?	Yes No		

Signature: \_\_\_\_\_Date: \_\_\_\_\_