



ACCESS

508 Claremont Ave Ashland Ohio 44805 419-903-0099

VOLUNTEER APPLICATION

Name: _____

Address: _____ City/Zip: _____

Home or Cell #: _____ Email: _____

Birthday (MM/DD) _____

Church Affiliation (if any) _____

Do you wish to receive our digital newsletter? _____

Please specify the day and time in which you would like to volunteer below:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Weekend Availability _____

If you would like to be an on-call volunteer for special events, fundraisers or outreach events only, please specify your availability: _____

Volunteer options with ACCESS, Please check all that apply

- | | |
|---|---|
| <input type="checkbox"/> In-office work | <input type="checkbox"/> Outreach events |
| <input type="checkbox"/> Community networking | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> At-home volunteering | <input type="checkbox"/> Gathering/ Delivering of Donations |
| <input type="checkbox"/> Fundraisers | <input type="checkbox"/> Organization of Donations |

"I was a stranger and you welcomed me."



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ACCESS Mission Statement:

Striving to break the cycle of homelessness and poverty by stabilizing families of Ashland County in a safe and spiritual environment.

ACCESS Confidentiality Agreement- Signed and attached to application.

Signature _____ Date _____

Staff Section:

____ Have volunteer sign a full-page confidentiality form and place it in the appropriate folder

____ Schedule Volunteer

____ Copy of Drivers License or State ID

____ Volunteer job duties: _____

____ Send welcome letter ASAP Date sent _____

____ Add volunteer to Excel database

____ Removed for inactivity: Date _____ Reason _____

Notes: _____

"I was a stranger and you welcomed me."