

**Working Men of Christ
Ministry Inc.**

(location) 1017 S. Market St
(mailing address) P. O. Box 47491
Wichita, KS 67201
785-285-2131

Volunteer Application

Today's Date: _____

First Name Last Name Middle

Mailing Address

City State Zip

Home Phone Work Phone Cell Phone

Email address Date of Birth MM/DD/YY

In case of an emergency contact: _____

Relationship: _____

Home Phone Work Phone Cell Phone

Your Faith Affiliation/ Place of worship: _____

Occupation Employer

Have you ever used the services of WMOC? Yes No

If so, when? _____

How did you hear about the need for volunteers at WMOC?

Newsletter/Email Facebook WMOC Website

Friend/Relative (name: _____)

Please list any previous volunteer experience: _____

Note your interests, hobbies, skills: _____

Medical conditions we should know about: _____

WMOC Program interest, if known: Mentor/KDOC Mentor Bible Study Leader

Other _____

Working Men of Christ Ministry Inc. has many volunteer opportunities where you can make a difference. Our goal is to find the best match between your interests and availability and our

current needs. Upon review of your application, staff will meet with you to discuss possible areas of service. At that time you will also need to complete the Volunteer Services Agreement and successfully pass the Kansas Bureau of Investigation background check.

Availability (*Please check each day of the week and time of day you are available to volunteer*)

Monday Morning Afternoon Evening
 Tuesday Morning Afternoon Evening
 Wednesday Morning Afternoon Evening
 Thursday Morning Afternoon Evening
 Friday Morning Afternoon Evening

_____ Date available to begin _____ Length of Commitment, if known

Have you ever been convicted of a felony? Yes No

If so, please explain the circumstances: _____

Please list two complete references:

1

First Name Last Name

Relationship to you Mailing Address

City State Zip

Home Phone Work Phone Cell Phone

2

First Name Last Name

Relationship to you Mailing Address

City State Zip

Home Phone Work Phone Cell Phone

_____ Applicant's Signature

_____ Date