



KLAMATH FALLS GOSPEL MISSION

823 Walnut Avenue, Klamath Falls, OR 97601

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Email: kfgm@kfallsgospelmission.org

Kent Berry – Executive Director

Volunteer Application

Name: Last _____ First _____

Address _____ Apt # _____

City: _____ State: _____ Zip _____

Male _____ Female _____ Date of Birth: _____

CONTACT INFORMATION

Home phone: _____ Cell/Message #: _____

E-mail Address: _____

Emergency Contact name & phone: _____

Language(s) write or speak other than English: _____

Highest Education Level: _____

Skills & Experience: _____

✓ Do you have any physical or other limitations? No ___ Yes ___

If yes please describe _____

✓ Do you have a valid driver's license? No ___ Yes ___

State ___ DL #: _____

✓ Do you have your own transportation? No ___ Yes ___

Vehicle Year, Make, Model: _____

✓ Certifications/Trainings: _____

Tell us why you want to volunteer and what you would like to do here at the Mission:

SIGN-ON DATE _____

Department Assignment _____

NAME _____

REFERENCES

Please fill out information completely as possible.

1. Name: _____
Telephone: _____

Relationship: _____
E-mail: _____

2. Name: _____
Telephone: _____

Relationship: _____
E-mail: _____

3. Name: _____
Telephone: _____

Relationship: _____
E-mail: _____

DEPARTMENT OF INTEREST

Administration (office): _____

Maintenance (facility, landscape, etc): _____

Kitchen/Dining Hall (culinary): _____

Ministry (chapel, devotions, classes): _____

Women (mentor, teacher, projects): _____

Men (mentor, teacher, projects): _____

Seasonal Projects (community dinners, decorating, entertainment): _____

Special Projects (on-call): _____

Thrift Store (warehouse, sorting): _____

IT (computer, video, etc): _____

To the best of my knowledge, the information on this registration form is true and valid. I understand that the Klamath Falls Gospel Mission will keep this information confidential. All volunteer applicants will be interviewed before assigned to job task.

Signature: _____

Date: _____

Interview Notes: _____

Staff Signature: _____

Date: _____