



**VOLUNTEER APPLICATION**

Thank you for expressing an interest in volunteering with Christian Action Ministries.  
 We appreciate your valuable time and commitment to helping people in our community.  
 Volunteering with CAM can be a rewarding experience.  
 Our Food Pantry allows a different way to contribute your time and talent.

Please complete this application and return it to: Christian Action Ministries Volunteer Program  
 Julie Mefferd, Assistant Director  
 202-B Vaughn Drive  
 Branson, MO 65616  
 (417) 334-1157-Phone (417) 334-8057-Fax

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
 Physical Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Are you currently employed? \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
 Have you been a client at CAM: \_\_\_\_\_ Last date of services: \_\_\_\_\_  
 Please explain any other volunteer experience you may have: \_\_\_\_\_

How did you find out about our volunteer program? \_\_\_\_\_  
 Please briefly explain why you wish to volunteer at CAM? \_\_\_\_\_

Which department would you prefer to volunteer in: **FOOD PANTRY** \_\_\_\_\_ **FRONT DESK** \_\_\_\_\_

**REFERENCES**

Please list a minimum of 2 references (other than family members)

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone Number: _____	Phone Number: _____
Occupation: _____	Occupation: _____
Number of Years known: _____	Number of Years known: _____

It is understood that all information concerning clients is kept confidential. I agree to uphold and respect this at all times, and I further understand that I could be dismissed for disregarding policies of confidentiality. I authorize CAM to contact my references prior to making a final determination on my application.  
 I attest that the information provided on his application is complete and true to the best of my knowledge.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b><u>This section is to be completed by the CAM Volunteer Program Staff:</u></b>	
Application received by: _____	Date: ____/____/____
References checked by (see attached): _____	Date: ____/____/____
Application approved: YES _____ NO _____	Date: ____/____/____
Determination made by: _____	Date: ____/____/____
Potential Volunteer notified of decision by: _____	Date: ____/____/____