

Office use only: WCM: _____
LSC list: _____
Status: _____

WAYSIDE CENTER VOLUNTEER APPLICATION

Date: _____

Name: _____

Address: _____

Telephone: Home: _____

Work: _____

Cell: _____

Best number/time to call: _____

Email Address: _____

Birth date(month/date): _____

Church Affiliation: _____

Present (or former) occupation: _____

College or special training: _____

Hobbies and interests: _____

Spouse's name: _____

Three references not related to you. Please give name and email (preferable) or phone number. If you are interested in leading a Bible study, please list one of your references as a church leader, elder, deacon, etc. Thank you.

- _____ email: _____
- _____ email: _____
- _____ email: _____

Why do you want to volunteer at Wayside Center? _____

Describe your Christian background/experience, if any _____

Do you have any medical conditions which might affect, or be affected by, your participation as a Wayside Center volunteer? If so, please describe _____

Describe any experience you have had which you think might help you with volunteer work at the Wayside Center _____

How did you become aware of the Wayside Center and its volunteer programs? _____

Please circle your areas of interest

Bible study leader (1/2 hr per week at 9am or 1pm)	Mentoring
Office volunteer, receptionist	Prepare lunch for approximately 40 clients
Computer training	Educational counseling
Serving lunch	Financial coach
Career counseling	Legal assistance
Driving the shuttle van (1 hr per week at 8am or 4pm)	Advocacy
Serve on Wayside Steering Committee	Arts and crafts
Specific skill you would like to teach	Building maintenance
Painting	Electrical
Plumbing	Financial partner
Decorating	Public relations
Food/clothing drives	Fund-raising projects
Join prayer chain (receive emails of prayer needs)	Prayer partner to a specific Wayside client

Thank you so much for your time in completing this application and for your interest in serving the homeless in our area

*Please mail or fax this form to:
 Phil Wood
 Wayside Center
 1732 Berkley St
 Elgin, IL 60123-7030
 Phone(847) 695-4405 Fax(847)695-4657*