Volunteer Application

Please fill out this form and send it to info@everygoodgift.org or PO Box 541, Abington, PA 19001.

Section 1: Contact Information

Name _____

Address _____

Phone Number (H) _____ **(C)** _____ **(W)** _____

Email Address _____

Birthday: Month _____ **Day** _____

Section 2: Volunteering at Every Good Gift

Consider what interests you from these opportunities:

The moms work 9:00 am to 2:30 pm on weekdays. We ask those who work with them or their children to commit to at least one time per month for one year. Current clearances will be required.

- Work alongside the moms to make gift baskets and to sew products.
- Provide child care.
- Serve as a long-term mentor.

Other volunteer roles do not require regular weekday availability.

- Assist with the social media presence of Every Good Gift.
- Help with mailings and office work.
- Join the marketing committee.
- Seek donations from area businesses for our summer cookout and Christmas parties.
- Deliver gift baskets (car required).
- Deliver furniture and household items to the moms.
- Teach a workshop on job, life, or relationship skills to the moms.
- Help with craft fairs and ministry events.

You could also help spread the word about Every Good Gift.

- Introduce Every Good Gift to your church.
- Host a group of friends to learn about Every Good Gift and see our products.

What would you enjoy doing as a volunteer?

_____

_____

_____

_____

Section 3: Volunteer Work

List current and former volunteer roles.

_____

_____

_____

What are you trained for or experienced in doing?

_____

_____

_____

Section 4: Work History

Current Occupation _____

Previous Occupations

_____

_____

Section 5: Church Involvement

Since we are a ministry, we ask our volunteers to sign our statement of faith and affirmations.

Church Name _____

Church Address _____

Church Pastor _____

Phone Number _____ *and* **Email** _____

May we contact your pastor to provide a reference? ▢ **Yes** ▢ **No**

Describe how you are or have been involved in your church.

_____

_____

_____

Section 6: Personal Reference

Please provide the name and contact information for one person who knows you well. This person should not be your spouse, parent, sibling, or child.

Name _____

Phone Number _____ *and* **Email** _____