



750 Memorial Drive
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Volunteer Registration Form

For volunteers who plan to help on a regularly scheduled basis.

P L E A S E P R I N T C L E A R L Y & N E A T L Y

Personal Information

Name: _____ Nickname: _____ DOB: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell: _____ Home: _____ Work: _____
 Email: _____ Yes, I would like to receive emails from God's Storehouse
 Emergency Contact: _____ Relationship: _____ Phone: _____
 Please list any physical limitations, medical problems or allergies: _____

Background Information

Current/Last Job: _____ Education/Training: _____
 What office/computer skills and experience do you have? Ex: Excel, Word, reception, data entry, etc.
 Computer Skills: _____ Other Skills: _____

Volunteer Information

What is your motivation for volunteering? Community Involvement Work Experience Meet people
 Where else have you volunteered? _____
 What station(s) are you interested in serving? Office Food Distribution Warehouse
 Times and days you are able to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Are you available for special events during evenings and weekends? YES NO Days: _____
 Are you willing to substitute on days other than your scheduled day? YES NO

I attest that the above information is true and accurate. I hereby volunteer my services to God's Storehouse.

Volunteer Signature	Print Name	Date
Parent/Guardian Signature	Print Name	Date

For God's Storehouse Use Only – Updated 7/2017

Received: _____ Entered: _____ ID Number: _____