



WFCM Volunteer Program 2009 Application

FOR OFFICE USE ONLY

Date Received:
Delivery Method:
Response Date:
Assignment:

Date: _____

First Name: _____ Last Name: _____

Street Address City State / Zip Code

Telephone Numbers:

Home	Work	Cell

E-mail Address: _____

Is this mandatory Academic, Church or Court-Ordered Service? No Yes If Yes, please specify type of service: _____

Age: . **NOTE: Under 14 years of age you must be accompanied by an adult. Adult accompanying minor will also need to fill out a Volunteer Application.**

Church/Religious Affiliation: _____

Name of School or Agency: _____

Do you have any lifting restrictions? Yes No

When are you available to volunteer? (check all that apply)

- Monday Tuesday Wednesday Thursday Friday Saturday
 Morning (no earlier than 9am) Afternoon Early Evening (no later than 7pm)
 Seek **single day** opportunity (i.e., service project)
 Seek **short-term** opportunity (i.e., days, weeks)
 Seek **long-term** opportunity (i.e., unlimited)

Do you have experience in any of the following areas? (check all that apply)

- Software** (MS Office Professional: Word, Excel, Access, PowerPoint, Outlook, Publisher)
 General Office Experience (Telephones, Copiers, Appointment Management)
 Organizational Skills (Fundraising, Special Events, Planning and Coordinating)
 Bulk Mailings (Preparing Mail Merges, Labeling, Sorting and Stuffing Envelopes, etc.)
 Client/Customer Service/Interviewing Skills
 Other:

MAILING ADDRESS: PO Box 220802 – Chantilly, VA 20153
MAIN OFFICE/PANTRY ADDRESS: 13981 Metrotech Drive – Chantilly, VA 20151
THRIFT STORE ADDRESS: 13989 Metrotech Drive – Chantilly, VA 20151
OFFICE: (703) 988-9656 – **FAX:** (703) 988-9655
<http://www.wfcmva.org/volunteer.php>

In which of the following areas might you be willing to volunteer? (check all that apply)

___ Food Pantry ___ Thrift Store ___ Administrative Support ___ Special Projects ___ Mercy Ministry
___ Furniture Ministry ___ Other (please explain): _____

How did you hear about us?

Have you ever volunteered with WFCM?

If so, when?

Do you speak a foreign language fluently? Which one(s)? (Optional)

***background check required** - In order to assure the safety & dignity of those we serve, some volunteer opportunities will include a criminal background check. Would you be willing to submit to this if necessary? Please answer **Yes** or **No** in the box

Our Mission: *As an expression of God's love and as an opportunity to share the Gospel of Jesus Christ, Western Fairfax Christian Ministries provides life-essential support to those seeking our assistance. WFCM has become a premier homelessness prevention ministry in Fairfax County.*

Are you supportive of the mission of WFCM? Yes ___ No ___

Why do you feel called to serve in this particular ministry?

How would you describe your own spiritual journey or relationship with God?

Personal References: *Please list 2 people we can contact who know you well.*

Name	Telephone Number	Relationship

Emergency Contacts: *Please list 2 people we should notify in case of emergency.*

Name	Telephone Number	Relationship

Signature: _____ **Date:** _____

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