



Volunteer Application

Operation Reach Out / Finders Keepers
1308 Miller Street / 800 Skyway Drive
Monroe, NC

Our Policy:
It is the policy of Operation Reach Out to provide equal opportunities without regard to race, national origin, gender, age, or disability. Because we are a Christian ministry that wants to honor God in all we say and do, any volunteer acting unethically while volunteering (using profanity, stealing, harassing others, or engaging in general misconduct) will be asked to leave immediately and be unable to volunteer in the future.

***MUST BE 16 OR OLDER TO VOLUNTEER WITHOUT PARENTAL SUPERVISION.**

Contact Information: (Please print)

DATE: _____

Name: _____

Street Address: _____

City / State / Zip: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

_____ Yes, I am at least 16 years old.

_____ Yes, add me to your email list.

Availability: During what hours are you available?

_____ weekday mornings

_____ weekday afternoons

_____ Saturday at Finders Keepers

Interests: Please check all that apply.

_____ Providing/Serving lunch (one day a month, 12:00-1:00 pm)

_____ Where needed at Operation Reach Out

(Mon-Fri, between hours of 10 am-1 pm at 1308 Miller St)

_____ Where needed at Finders Keepers

(Tues-Sat, between hours of 10 am-5 pm at 800 Skyway Dr)

_____ Repair/maintenance/yard work at ORO and/or FK

_____ Custodial (cleaning) at ORO or FK

_____ Consistent, weekly volunteering

Person to Notify in Case of an Emergency:

Name: _____

Street Address: _____

City / State / Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Skills: Please let us know what special skills & abilities OR any limitations you have that would impact your duties as a volunteer:

Agreement & Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature: _____ Date: _____

Thank you for completing this application and for your interest in volunteering with us!

*Please scan & email this application to opreachout@aol.com or mail it to **Operation Reach Out, P.O. Box 403, Monroe, NC 28111***

Office Use Only:

Volunteer has met with either the executive director of Operation Reach Out or Volunteer Coordinator and been approved.

Director/Coordinator Signature: _____ Date: _____