

The Mustard Seed Foundation, Inc.  
Volunteer Application Form

Date: \_\_\_\_\_

Primary Organization/Group Name: \_\_\_\_\_

Secondary Organization/Group Name: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Wk: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_

Emergency Contact Relationship:

Spouse Parent Sibling Friend Other \_\_\_\_\_

Preferred Method of Contact: Tel Cell (Call/Text) Wk Email

References:

1. Name: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_

Relationship: Spouse Parent Sibling Friend Other \_\_\_\_\_

Years Known: \_\_\_\_

2. Name: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_

Relationship: Spouse Parent Sibling Friend Other \_\_\_\_\_

Years Known: \_\_\_\_

Current/Past Employer: \_\_\_\_\_

Current/Past Vol. Position(s): \_\_\_\_\_

Education: \_\_\_\_\_

Training/Certifications: \_\_\_\_\_

Return Your Completed Form To:

4880 Denlinger Road, Trotwood, Ohio 45426  
Phone: (937) 529-4010  
Fax: (937) 529-4674

The Mustard Seed Foundation, Inc.  
Volunteer Application Form

**Special Skills** (circle all that apply):

Administration	Database Management	Marketing	Public Speaking
Advertising	Fund Raising	Educational	Research
Budgeting/Finance	Graphic Arts	Planning	Website/Internet Support
Business	Legal	Public Relations	Writing/Editing
Other:	_____		

**Civic Involvements** (current/past): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hobbies/Special Interest:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your long term goals and how will this position fit in with your goals?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What have you gained as a result from past volunteer positions?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How will your past experiences and skills help you contribute as a volunteer?** \_\_\_\_\_  
\_\_\_\_\_

**Return Your Completed Form To:**

4880 Denlinger Road, Trotwood, Ohio 45426

Phone: (937) 529-4010

Fax: (937) 529-4674

The Mustard Seed Foundation, Inc.  
Volunteer Application Form

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of any crime other than a minor traffic violation? \_\_\_\_\_

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immediate Project Request: Date: \_\_\_\_\_

General Types of Projects Requested (i.e. painting, yard work, events, mailings, etc.)

\_\_\_\_\_

\_\_\_\_\_

**Group Characteristics:**

Size of Group: (Groups larger than 10 may need to be split into smaller groups) \_\_\_\_\_

Age range of members (Youth groups need adult chaperones): \_\_\_\_\_

**Schedule: How often does your group want to volunteer:**

Daily (AM/PM): Sun\_\_\_ Mon\_\_\_ Tue\_\_\_ Wed\_\_\_ Thurs\_\_\_ Fri\_\_\_ Sat\_\_\_

Monthly (Specify Month AM/PM): Jan\_\_\_ Feb\_\_\_ Mar\_\_\_ Apr\_\_\_ May\_\_\_ Jun\_\_\_

Jul\_\_\_ Aug\_\_\_ Sep\_\_\_ Oct\_\_\_ Nov\_\_\_ Dec\_\_\_

Once a year (Specify When AM/PM): Jan\_\_\_ Feb\_\_\_ Mar\_\_\_ Apr\_\_\_ May\_\_\_ Jun\_\_\_

Jul\_\_\_ Aug\_\_\_ Sep\_\_\_ Oct\_\_\_ Nov\_\_\_ Dec\_\_\_

**Geographic Preference:** \_\_\_\_\_

**Transportation Issues:** \_\_\_\_\_

**Support:** What other type of support does your group require?

\_\_\_\_\_

\_\_\_\_\_

References	Ref. #1	Ref. #2	Ref. #3
Name/Title	_____	_____	_____
Phone #	_____	_____	_____

**Return Your Completed Form To:**

4880 Denlinger Road, Trotwood, Ohio 45426

Phone: (937) 529-4010

Fax: (937) 529-4674

The Mustard Seed Foundation, Inc.  
Volunteer Application Form

Date Application Approved: _____	Approved By: _____
Date Application Denied: _____	Denied By: _____

**Return Your Completed Form To:**

4880 Denlinger Road, Trotwood, Ohio 45426  
Phone: (937) 529-4010  
Fax: (937) 529-4674