

# Interfaith Hospitality Network

## Volunteer Application

Name:

Last: \_\_\_\_\_ Middle In.\_\_\_\_ First: \_\_\_\_\_

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

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

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Other: ( ) \_\_\_\_\_ - \_\_\_\_\_

I prefer to receive calls at: \_\_Home \_\_Cell \_\_Other

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

Congregation Affiliation: \_\_\_\_\_

Day/Time of Availability:

Sunday am/pm	Monday am/pm	Tuesday am/pm	Wednesday am/pm
Thursday am/pm	Friday am/pm	Saturday am/pm	

Other: \_\_\_\_\_

How did you learn about IHN?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in volunteering with IHN? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special Skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_