|  |  |
| --- | --- |
| Volunteer Information Control Code: \_\_\_\_\_\_\_\_ (CC use only) |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Last First Middle |
| Street Address |  |
| City St Zip Code |  |
| Home Phone |  |
| Work Phone |  |
| Cell Phone |  |
| E-Mail Address |  |

## Personal Data

|  |  |
| --- | --- |
| Social Security No. |  |
| Date of Birth |  |

## Agreement and 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.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |
|  |  |

## You can scan your completed form and email to [cinderellasclosetpac@gmail.com](mailto:cinderellasclosetpac@gmail.com), physically return it to Immanuel Baptist Church at 3465 Buckner Lane, fax it to Immanuel at 270.443.5308. Forms may be picked up at Immanuel. You may leave your completed form at that time. Call 270.556.2682 if you have any questions.