Address: PO Box 862, 309 W Mitcham St. Malakoff, TX
Email: info@fiaoutreach.org
Ph: 903-489-7500

VOLUNTEER APPLICATION

Contact Information:

Date _____

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Contact Phone # _____ Email Address _____

Employer or School _____

In Case of Emergency please contact:

(1) Name _____ Relationship _____ Phone # _____

(2) Name _____ Relationship _____ Phone # _____

Monday - Wednesday from 9am - 1pm, for office work, cleaning, organization, etc
Food and Clothing Distribution is Thursday from 8:00am-11:30am & 4:00pm - 6:30pm
Clothes Closet Tuesday - Wednesday 9-1 for sorting donations and cleaning

Please indicate below hours you are available, special skills, or physical limitations

Please indicate where you are interested in volunteering and the hours available

	Food	Clothing
Mon	(9-1)	
Tues	(9-1)	
Wed	(9-1)	
Thurs	(8-11)	
Fri	(4-6)	

Skills _____

Restrictions _____

Faith In Action Outreach's motto is "Serving Jesus by Serving People".
We request that you treat clients and volunteers as you would want to be treated. Please be respectful and loving, you never know when a kind word is going to make a difference. Attire, attitude, language and conduct should maintain a Christian and Professional manner at all times.

As a volunteer, I understand that I am privy to confidential client or volunteer information. I will not share or divulge any names, pictures, documents or stories in regards to clients or volunteers (people, public settings, social media, etc). Please do not discuss politics, clients, complaints or gossip.

All products donated or purchased are designated for distribution to clients.
Any volunteer in need of food or clothing may receive at the end of distribution on Thursday, and must follow the same procedure as clients.

We request that transportation or money not be offered to our clients when they are here.

As a volunteer of Faith In Action Outreach, I will comply with all policies and procedures. Faith In Action Outreach has the right to ask me to leave the premises if my behavior or conduct does not meet with the established guidelines.

_____	_____	_____	_____
Volunteer Signature	Date	Director Signature	Date

Background Check completed on _____ by _____

SUBMIT FORM