

MOTHER OF LIGHT CENTER VOLUNTEER APPLICATION FORM

Name: Date:

Street Address:

City, State, Zip:

Home phone: Work phone: Cell phone:

E-mail address: DOB:

Year of High School: 9 10 11 12

College or other education or training:

Currently are you married? Engaged Single Separated Divorced Widowed

Have you had other volunteer experience? If so, where?

Have you worked with poor or homeless people before? (Explain)

Are you Catholic Christian other ?

Are you a member of a local church, if so which?

Would you feel comfortable inviting a person to join you in prayer?

Do you speak Spanish or other foreign language fluently?

Can you describe why you have been drawn to the Mother of Light Center?

Are you currently under the care of a physician psychiatrist?

Do you have any criminal record? Yes No Explain:

Emergency Contact:

Relationship:

Home phone:

Work phone:

Cell phone:

How will you get to Mother of Light Center? Walk Public Transportation Drive

If driving, please fill in the following:

Driver's license: State and #

Car License Plate: State and #

Car Insurance Company

ID#

Confidentiality Statement:

Required for each Volunteer: absolute respect for the confidential nature of many matters discussed in performing volunteer work at the Center or outside the Center or learned in connection with the Mother of Light Center mission.

Signature:

Date:

Print Name:

Comments:

VOLUNTEER TRAINING RECORD

Name: E-mail: Phone:

	Date Completed	Initials at Center
<input type="checkbox"/> Initial Basic Training and Package	<input type="text"/>	<input type="text"/>

Comments:

<input type="checkbox"/> Virtus Training: required for volunteers in contact with children, encouraged all to have it.	<input type="text"/>	<input type="text"/>
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Comments:

Advanced Training

<input type="checkbox"/> Mental Health First Aid USA training https://www.mentalhealthfirstaid.org	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/> A workshop on the Heart Model (Healing Emotional Affective Responses to Trauma)	<input type="text"/>	<input type="text"/>
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Comments:

Continuing Education:

Comments:

**MOTHER OF LIGHT CENTER
Volunteer Preference Form**

Name: E-mail: Phone:

Where do you see your talents and time more beneficial?

Please check whatever you are interested in doing.

Inside the Center

Clothing Closet

Sorting and preparing donated clothing for delivery or by appointment.

Pray

At the Visitation Chapel

Counseling & Social Needs

See persons by appointment for:
Counseling,
Teach English
Fill applications
Resume writing
Life skills coaching

Event Preparation

Help plan community events, outings, and retreats

Administrative Assistance

Ensure smooth flow of day-to-day operations of Center-clerical duties i.e. welcome visitors and check-in

Yard work

Yard cleanup

Cleaning

Help clean the site

Property Care

Maintenance

Supplies

Prepare supplies, snacks for the visits.

Outside the Center

Prayer

Pray at home

Join MOLC Prayer Network
www.motheroflightcenter.com

Meal

-Prepare meals at home or church and deliver them to MOLC

Church Liaison

Be a representative from nearby churches. Collect nonperishable food/specific item drives & plastic bags for mats. Bring them to Center.

Visit Homes

Go out to visit homes of men, women, families who have practical, social, & spiritual needs.

Visit the Unsheltered

Go out to designated areas or locations where homeless men & women, labor workers are to connect, provide food, supplies, spiritual support etc.

Package Delivery

Deliver packaged food/supplies to homes of those in need.

Which shift is most convenient for you? Monday – Saturday: 9-12 or 1-4 PM

Preferred Days: Time: 9-12 or 1-4 PM Other:

Volunteer Inside the Center Volunteer Outside the Center

How often would you be available to serve?

Once a week Twice a week Monthly Substitute

Comments: