

Volunteer Application

Thank you for your interest in volunteering with Zephyr Point.
The following information will help us make sure you have a good volunteer experience.



Contact Information

First Name:		Last Name:		
Street Address		City:	State:	Zip:
Mailing Address		City:	State:	Zip:
Home Phone				
Cell Phone				
E-Mail Address				

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, ministry, or through other activities, including hobbies or sports. If you are retired, what type of job did you do previously?

Previous Volunteer Experience

Summarize your previous volunteer experience. Have you volunteered here at Zephyr Point before? If you have a reference we can contact regarding your volunteer experience, please provide a name & phone number.

Tell us about your faith

Please tell us about your faith. Do you have a church affiliation? If you have a reference we can contact regarding your faith, please provide a name & phone number.

Availability

What type of volunteer experience are you looking for? ___ One Time OR ___ On Going
___ Day ___ Weekend ___ Week of Longer

Volunteer

How are you looking to volunteer?

- Single Couple (Spouse's Name: _____)
- Family (Other family members names: _____ age ____; _____ age ____; _____ age ____)
- Church/Youth Group (Name of Church): _____
- Other Group (Name of Group): _____ Estimated number of people in group _____

Interests

Tell us which areas you are interested in volunteering. Please check ALL that apply.

- Grounds Office / Administration
- Maintenance Children / Youth Programs (Will require a background check)
- Housekeeping Adult Programs
- Bear Necessities Store / Coffee Shop Fundraising / Banquets / Events

Health Insurance

Do you have health Insurance? (An answer of no will not disqualify you.)

No Yes - If yes, Please provide Carrier Name & Policy # : _____

Health Restrictions

Do you have any health restrictions? (Note: This will not disqualify you from volunteering; it just allows us to use you in volunteering opportunities that better suit you.)

Person to Notify in Case of Emergency

Name			
Street Address	City:	State:	Zip:
Home/Cell Phone			
E-Mail Address			

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.

I agree to receive email communication with updates about the Zephyr Point and other volunteering opportunities.

I agree to allow Zephyr Point run a background check at their discretion. (This will be required if volunteer will be helping with the children / youth programs.)

Signature	
Date	

Thank you again for completing this application form and for your interest in volunteering with us.

Zephyr Point Presbyterian Conference Center

P.O. Box 289 (660 Hwy. 50) Zephyr Cove, NV 89448

Ph. 775.588.6759 – www.zephyrpoint.org