

## DaySpring Villa Volunteer Application

Thank you for your interest in volunteering at DaySpring Villa. In order to find the best way for you to assist the ministry, we would like some information about you and your interests. Please print your answers. Also, please be aware that **volunteer positions are subject to a background check.** In signing this application, you are giving authorization for DaySpring Villa to investigate your background as necessary for the consideration of your application. Please return this form to the Volunteer Coordinator at the address printed at the bottom of this page. Thank you.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Are you a Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

Where is your church membership? \_\_\_\_\_

Education (circle last year completed): **Grade:** 1 2 3 4 5 6 7 8 9 10 11 12 **College:** 1 2 3 4 +

Are you over 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_ (Parent's permission required if under 18 years.)

Other Training: (List type and years: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Days Preferred: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Times Preferred: \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE RETURN TO:**  
Volunteer Coordinator  
DaySpring Villa  
P.O. Box 1588  
Sand Springs, OK 74063-1588  
Phone: 918/245-4075 Fax: 918/245-3995  
Website: [www.dayspringvilla.com](http://www.dayspringvilla.com)

(DaySpring Villa Volunteer Application continued on next page)

Areas of interest (check all that apply):

- Office Assistant
  - Answering Telephones
  - Computer skills (Please specify programs with which you are familiar):  
\_\_\_\_\_
  
- Child Care
- Associate House Staff
- Medical Assistance
- Beautician
- Housekeeping
- Sorting donations for storeroom
  
- Food Preparation and Service  
Do you have a Food Handler's Permit? Yes: \_\_\_\_\_ No: \_\_\_\_\_
  
- Grounds and Building Maintenance
  - Lawn Work
  - Repairs
  - Carpentry
  - Electrical
  - Plumbing
  
- Education/Training
  - Bible Study: Adult: \_\_\_\_\_ Youth: \_\_\_\_\_ Children: \_\_\_\_\_ Preschool: \_\_\_\_\_
  
  - Seminars/Conferences/Classes  
Subjects: \_\_\_\_\_
  
- Fellowship Activities: Seasonal Parties: \_\_\_\_\_ Holiday Meals: \_\_\_\_\_
  
- Transportation (provide as needed)
- Care Partners
- Prayer partners
  
- Other (Please specify): \_\_\_\_\_