



Christos House, Inc.  
PO Box 771  
West Plains, MO  
65775

Office: (417) 469-1190  
Hotline: (800) 611-5853  
Fax: (417) 469-1192  
Outreach: (417) 256-3408

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Spouse's Name \_\_\_\_\_

What skills, areas of expertise or aspects of your educational background would you bring to Christos House as a volunteer?

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Have you ever volunteered before?

Yes  No

If yes, for what organization, and what activities were included?

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*"Providing support for a change"*

Do you still volunteer with the above organization?

Yes    No

If no, was it your decision to leave and why?

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Why are you interested in becoming a volunteer?

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Do you have any prior experience working with people in crisis/stressful situations?

Yes    No

If yes, please explain.

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Have you ever been a victim of domestic violence, sexual assault or rape?  
(optional)

Yes    No

If yes, please explain.

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Why do you want to volunteer?

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Why did you choose Christos House?

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When are you available? (Please indicate which days of the week and time of the day)

- |                                     |                              |                                  |                                |
|-------------------------------------|------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Sundays    | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | <input type="checkbox"/> Night |
| <input type="checkbox"/> Mondays    | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | <input type="checkbox"/> Night |
| <input type="checkbox"/> Tuesdays   | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | <input type="checkbox"/> Night |
| <input type="checkbox"/> Wednesdays | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | <input type="checkbox"/> Night |
| <input type="checkbox"/> Thursdays  | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | <input type="checkbox"/> Night |
| <input type="checkbox"/> Fridays    | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | <input type="checkbox"/> Night |
| <input type="checkbox"/> Saturdays  | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | <input type="checkbox"/> Night |

Please list three references:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (home/work) \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (home/work) \_\_\_\_\_ Cell \_\_\_\_\_

*“Providing support for a change”*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone (home/work) \_\_\_\_\_ Cell \_\_\_\_\_

Where did you hear about the Christos House need for volunteers?

Newspaper/Radio \_\_\_\_\_ Presentation/Staff \_\_\_\_\_  
Other \_\_\_\_\_ Friend \_\_\_\_\_  
Club/Organization (Please name) \_\_\_\_\_

Please indicate areas of volunteer opportunities in which you would be interested:

*Training is provided for volunteer duties.*

_____ Cleaning/Yard Work	_____ Legislative Contacts
_____ Office Work	_____ Shelter Coverage
_____ Accept Donation	_____ Children's Program
_____ Special Projects	_____ Sorting Donations
_____ Public Speaking/PR	_____ Court Advocacy
_____ Help with Women's Group	_____ Transportation

How often would you like to volunteer?

_____ Once a week	_____ As often as needed
_____ Twice a week	_____ Events only
_____ Twice a month	_____ Special
_____ Once a month	_____ Other

If you are interested in transporting clients and/or children, you will need to provide:

\_\_\_\_\_ Driver's license      \_\_\_\_\_ Proof of insurance

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Have you ever been convicted of a felony or misdemeanor?

Yes     No

If yes, please explain.

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Do you have a valid driver's license and automobile insurance?

Yes     No

If yes, license number: \_\_\_\_\_

If yes, insurance company \_\_\_\_\_

In case of emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

I understand that my acceptance as a volunteer with Christos House is subject to a favorable, routine inquiry of local law enforcement records. I do attest the information I have supplied is true to the best of my knowledge. I understand that the provision of false information is grounds for my immediate dismissal from Christos House's volunteer services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Birthdate \_\_\_\_\_

Parent/Guardian signature if volunteer is a minor:

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