



Breakthrough

(location) 1010 N. Main
(mailing address) P. O. Box 670
Wichita, KS 67201
316-269-4160

Volunteer Application

Today's Date

First Name Last Name Middle

Mailing Address

City State Zip

Home Phone Work Phone Cell Phone

Email address Date of Birth MM/DD/YY

In case of an emergency contact: _____

Relationship: _____

Home Phone Work Phone Cell Phone

Your Church Affiliation/Parish/Synagogue: _____

Occupation Employer

Have you ever used the services of Breakthrough? Yes No

If so, when? _____

How did you hear about the need for volunteers at Breakthrough?

Church Newsletter/Bulletin United Way Volunteer Center Volunteer Match

Friend/Relative (name: _____) Newspaper

Web Site _____ Other _____

Please list any previous volunteer experience: _____

Note your interests, hobbies, skills _____

Medical conditions we should know about: _____

Breakthrough has many volunteer opportunities where you can make a difference. Our goal is to find the best match between your interests and availability and our current needs. Upon review of your application, the Director of Volunteers will meet with you to discuss possible areas of service. At that time you will also need to complete the Volunteer Services Agreement and successfully pass the Kansas Bureau of Investigation background check.

Availability (Please check each day of the week and time of day you are available to volunteer)

Monday Morning Afternoon Evening
Tuesday Morning Afternoon
Wednesday Morning Afternoon
Thursday Morning Afternoon Evening
Friday Morning Afternoon

Date available to begin

Length of Commitment

T-Shirt Size: _____

Have you ever been convicted of a felony? Yes No

If so, please explain the circumstances: _____

Please list two complete references:

1

First Name Last Name

Relationship to you Mailing Address

City State Zip

Home Phone Work Phone Cell Phone

2

First Name Last Name

Relationship to you Mailing Address

City State Zip

Home Phone Work Phone Cell Phone

Applicant's Signature

Date