



Volunteer Application

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

E-mail address: _____

Date of birth (without year): _____

Are you 21 years of age or older? ☐ Yes ☐ No

Educational background: _____

Occupation (if applicable): _____

Employer: _____

Languages spoken (other than English): _____

Marital status: _____ Spouse's name (if applicable): _____

Please check the opportunities you are most interested in:

- ☐ Receptionist
- ☐ Client Advocate
- ☐ Event Planning
- ☐ Cleaning Team
- ☐ Church Liasson
- ☐ Prayer Team

Previous volunteer experience:

Please list other skills that you wish to utilize as a volunteer of ZoeCare:

Please return completed application to:

ZoeCare
2007 Locust St
Yankton, SD 57078



When are you available to volunteer? (e.g., day of the week, daytime/evening)?

Would you like to come in on a regular schedule, or be contacted as needed?

☐ Regular schedule ☐ As needed

Please tell us about your faith in and relationship with Jesus Christ, as well as your participation in a local church community.

Notes (office use only):

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