



Dear Prospective Volunteer,

Thank you for your interest in our volunteer program at Christian City. Please complete the attached volunteer packet and return to me via email or deliver to our reception desk located on the ground floor of our Skilled Nursing and Assisted Living Centers, which are operated by Pruitt Health. The reception desk is staffed 24/7. Please use black ink only to complete the documents.

Your application will be processed in two to four weeks, and I will contact you when all is complete to schedule your participation in an upcoming orientation session.

Volunteer Orientation is on the second Thursday of each month, 1:00-2:30 pm. Application, Interview, and Background Check is required for volunteer opportunities at our Graceland Thrift Store, Executive Office, Active Senior Living Office, or the Children & Family Programs Office.

Volunteer requirements are as follows:

- Applicant must be 18 years of age
- Volunteer Application, Background Check, and Consent form
- A copy of your Driver's License or State I.D
- Complete a volunteer orientation class
- An Initial Two-step TB Screening (PPD shot)
- Annual TB Screening and Medical Questionnaire Updates
- Good interpersonal communication skills
- Willingness to be coached and educated

If you belong to a civic organization, corporate volunteer group, or church group that is interested in volunteering as a group to complete a project at Christian City, please contact me at least two weeks prior to your requested date. Group projects are exempt from the individual volunteer requirements listed above.

Please feel free to contact me with any questions. Thanks again for your interest in supporting Christian City as a volunteer. I look forward to meeting you soon!

Sincerely,

**Janetta Knighton**

Volunteer Coordinator

Christian City

7300 Lester Road

Union City, GA 30291

Office: 770-964-3301

Reception Desk: 770-964-3301

E-mail: [jknighton@christiancity.org](mailto:jknighton@christiancity.org)



# Volunteer Application (Adult)

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Date	

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons

## Interests

Tell us in which areas you are interested in volunteering

- Spiritual Care  
 Clerical  
 Life Enrichment/Activities  
 Library  
 Goodie House Food Pantry  
 Facilities Management  
 Graceland Thrift Store  
 Dining Services

## Reference (other than family)

Name	
Relationship	
Phone	
E-Mail Address	

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### Previous Volunteer Experience

Summarize your previous volunteer experience.

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### List any medications or special medical condition(s):


### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

May we add your name to our mailing list? (Circle) YES NO

### 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.

### Volunteer Applicant's Signature

Name (printed)	
Signature	
Date	

### Volunteer Coordinator's Signature

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in volunteering at Christian City.

**Mail to: Janetta Knighton, Volunteer Coordinator, Christian City, Inc.  
7300 Lester Road, Union City, Georgia 30291 (770) 964-3301  
jknighton@christiancity.org**