



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,

Janice Downing

Volunteer Coordinator

Christian City

7300 Lester Road

Union City, GA 30291

(770) 703-2701

email: jdowning@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: Janice Downing, Volunteer Coordinator, Christian City, Inc.
7300 Lester Road, Union City, Georgia 30291 (770) 703-2701
jdowning@pruitthealth.com**