| OFFICE USE ONLY | | | | | | |
|---------------------------------|---------------------------|----------|--|--|--|--|
| Program: | Start Date: | | | | | |
| ☐ Background Check: Pass / Fail | ☐ Photo Consent: Yes / No | ☐ Other: | | | | |



Volunteer Application

| Thank you for your interest in volunteering for North Country Ministry! Please print clearly. | | | | | | print clearly. | | | |
|---|--|-----------------------|---------------------|--|----------|-------------------------|------------|----------------------------|----------|
| Applicant Information | | | | | | | | | |
| Application Da | ate: | | | | | | | | |
| Full Name: | | | | | | | | | |
| Street Addres | s: | | | | | | | | |
| City: | | | | | State: | | Zip Co | ode: | |
| Phone: | | | | | Email: | | | | |
| Program volunteers generally commit to one day per week at their choosing. We also host events and activities throughout the year that offer more limited volunteer service. Substitute positions are available as well for those who want to occasionally volunteer. | | | | | | | | | |
| Please check any program, service and/or event you would like to volunteer for. | | | | | | | iteer for. | | |
| Warrensburg Center: ☐ Clothing Center | | \square Food Pantry | | ☐ Furniture Program (<i>no lifting required</i>) | | | | | |
| | | ☐ Mai | intenance | | | | | | |
| YMCA Adk. Center: □ ((Brant Lake) | | ☐ Clot | ching Center | □ Foo | od Pantr | Pantry Mobile | | od Mart | |
| Annual Events: | | ☐ Spri | ng Gala | ☐ Gol | f Tourna | ournament | | | |
| ☐ Tha | | nksgiving Basl | skets ☐ Giving Tree | | | e Program | | | |
| Administrative: | | □ Mai | lings | gs 🗆 Off | | rations | □ Pul | olicity | |
| How often would you like to volunteer? | | | | | | | | | |
| ☐ Multiple days a week | | ☐ One day a | ay a week/mo | | □Осс | ☐ Occasional substitute | | \square Urgent need only | |
| What is your availability? (Check all that apply) | | | | | | | | | |
| ☐ Monday | ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday | | | | | | | | |
| ☐ Morning | ☐ Afte | ernoon | ☐ Evening | | ☐ Spri | ng | ☐ Summer | ☐ Fall | ☐ Winter |

| How did you learn about North Country Ministry? | | | | | | |
|--|---|--|--|--|--|--|
| Do you have any medical condition we should be aware of? | | | | | | |
| Emergency Contact Name: | | | | | | |
| Emergency Contact Phone: | | | | | | |
| Photo Consent Do you give consent to North Country Ministry t its website, social media, and other means of pro | to take and use photos of you while on its facility grounds for omotion toward its programs and services? | | | | | |
| Yes, I give my consent. No, I do not give | ve my consent. | | | | | |
| Applicant Signature | Date | | | | | |
| Diago watuum this as mulated a mulioption | | | | | | |

Please return this completed application.

Mail: Drop off:

North Country Ministry
PO Box 478
Warrensburg, NY 12885
North Country Ministry
3933 Main Street
Warrensburg, NY 12885

Fax: (518) 623-2143 Email: Christopher@ncmfriends.com

Thank you!

A member of our Volunteer Committee will contact you after receiving your application to set up an in-person meeting. At the meeting, you will be able to discuss your availability, provide more detail about your interest to volunteer and inquire about our program-specific opportunities, orientation, and training.

Mission Statement

North Country Ministry is a faith-based, 501 (c) (3) not-for-profit, outreach organization that provides assistance without discrimination to anyone in need in our service area. Our mission is to provide a hand of hope to those who need help to function in their daily lives or to improve their quality of life.