

P.O. Box 746
Watertown, WI 53094
cornerstoneofgrace3@gmail.com
cornerstoneofgrace.org

Thank you for your interest in volunteering with us at Cornerstone of Grace. Please complete the information below, and our Volunteer Coordinator will contact you with the next steps as we match your gifts to our needs.

| full Name (including middle name) | | D.O.B | |
|--------------------------------------|----------------|----------|--------------|
| Address | | | |
| Phone preferred | | Text OK? | |
| Email | | | |
| Are you willing to submit a backg | round check? | Yes | No |
| Do you work? When | re? | | |
| Are you willing to sign a confiden | tiality form? | Yes | No |
| Make and model of car you will dr | ive | | |
| I would like to volunteer in the fol | lowing area(s) | | |
| Transportation _ | Fundraising | | Video |
| House Sitting _ | Job searches | 7 | Tutoring |
| Cooking Classes | Cleaning | | Child Care |
| Lawn/Garden | Crafts | Н | lome Repairs |
| Family Outings | Photography | | Other |

| What talents or skills do you have that would complement this ministry? |
|--|
| Please share why you want to volunteer with us. |
| |
| |
| Please list 3 people who you have known more than 5 years (non family) who could be a reference for you. (Include their phone number and/or email) |
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