OUR LADY OF COMMUNITY OUTREACH SERVICES, INC.
VOLUNTEER IN MINISTRY PROFILE FORM

Name: _____
Last First MI

E-mail address: _____

Gender: M F

Street: _____

City:_____ State: _____ Zip: _____

Country: _____

Phone: (H)_____ (C): _____

Street (temporary): _____

City (temporary): _____ State: _____ Zip: _____

Phone (temporary): _____

Marital Status: _____

Number of dependents: _____

Birthdate: _____

Religious Denomination: _____

Type of Voluntary Service you are seeking: _____

Qualifications and experience for this type of service: _____

Past Volunteer Experience (include dates): _____

Why I want this volunteer experience: _____

Time I plan to spend in volunteer service: _____

When I will be available: _____

Educational Level: High School Graduate Some College College Graduate
Post-College Work Post-College Graduate

College University Major/Minor: _____

College/University name: _____

High School Name: _____

Significant Educational Experiences: _____

Travel Experiences: _____

Special Skills: _____

Foreign Languages: _____

How would you rate your proficiency in these languages? _____

Physical/Mental health concerns: _____

Current Occupation: _____

Recent Employment Agency/Employer: _____

Type of Work: _____

Dates of employment: _____

City/State: _____

Additional Comments:_____

Thank you for contacting us. We will respond to you as quickly as possible. Please return this form to:
Sr. Carol Wentworth, OLM Outreach, PO Box 607, Johns Island, SC 29457