



Volunteer Application

Today's Date: _____
Please Return to:
Volunteer Application
SNAC
825 W. Evans St.
Florence, SC 29501
843-407-1485

SNAC works to decrease the number of homeless indigent and hungry children in Florence School District One by providing funds or Hotel/Restaurant vouchers in emergency situations to prevent an increase in homelessness.

General Information:

First Name: _____ Last Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Email Address: _____

If you are a student, please list your school or university: _____

Name of Church or Synagogue: _____

Availability For Volunteer Work:

Please Indicate All Available Days and Times

Monday	Tuesday	Wednesday	Thursday	Friday
A.M. _____ to _____	A.M. _____ to _____	A.M. _____ to _____	A.M. _____ to _____	A.M. _____ to _____
P.M. _____ to _____	P.M. _____ to _____	P.M. _____ to _____	P.M. _____ to _____	P.M. _____ to _____

Emergency Contact

Name of Person to contact in case of an emergency or illness:

Name: _____ Phone: _____

Relationship: _____

I confirm that all the above information is correct to the best of my knowledge. I acknowledge that I am a registered volunteer with SNAC. I understand that in order to become an SNAC volunteer, I must complete this process. I understand that my volunteer position may be terminated without my permission.

Signature: _____ Date: _____

SNAC Administrative Use Only:

Date Received: _____ Date Processed: _____

Date for training: _____ Start Date: _____

James: 1: (4-5) Let perseverance finish its work so that you may be mature and complete, not lacking anything. If any of you lacks wisdom, you should ask God, who gives generously to all without finding fault, and it will be given to you.