



Volunteer Application

Missouri Valley
Community Action Agency (MVCAA)
1415 S. Odell
Marshall, Missouri 65340
660-886-7476

Name _____ Date _____

Address _____ City, State, Zip _____

Phone Number _____ E-mail _____

Preferred Mode of Contact - Phone ___ E-mail ___ Either ___

Counties available to volunteer: Carroll___ Chariton___ Johnson___ Lafayette___ Pettis___ Ray___ Saline___

Volunteer Opportunities

Area(s) of interest for volunteering

___ Community Development ___ Adult Literacy ___ Head Start

___ Other Please indicate: _____

Times/days you can volunteer? (please indicate times following the days)

Monday _____ Saturday _____

Tuesday _____ Sunday _____

Wednesday _____

Thursday _____

Friday _____

Other Information

Have you ever been convicted of a criminal offense? ___ Yes ___ No *(Please note: Your criminal record will not necessarily effect your ability to volunteer with Missouri Valley Community Action Agency.)* If yes, please explain:

Would you be willing to consent to a background check? ___ Yes ___ No *(Please note: Any volunteers working with children and/or special populations will receive a background check at no cost. Additional information may be required)*

PRINT FORM AND MAIL TO THE MVCAA ADDRESS ABOVE OR FAX TO 660-886-3398

Thank you for your interest in serving with Missouri Valley Community Action Agency