



# 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 Services    \_\_\_ 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 affect 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