



## **Men's Shelter of Charlotte Volunteer Application**

*(To be filled out only if individual has not previously completed application on MSC Website)*

### **PLEASE PRINT LEGIBLY**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_ (Please Circle: Home / Work / Mobile)

**Preferred Email:** \_\_\_\_\_

**Organization / Group Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Marital Status:** (Please Circle: Single / Married / Divorced / Separated / Partnered)

**Spouse Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

**Spouse Phone Number:** \_\_\_\_\_ (Please Circle: Home / Work / Mobile)

**Employer / Company Name:** \_\_\_\_\_

**Employer / Company Address:** \_\_\_\_\_

**Employer / Company City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Emergency Contact: Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_ (Please Circle: Home / Work / Mobile)

Do you have any medical conditions MSC staff should be aware of? Please Circle: YES / NO

If yes, please list condition(s): \_\_\_\_\_

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Do you want to receive mailings or emails from Men's Shelter of Charlotte: YES/NO

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_