

Interfaith Welcome Coalition Volunteer Application

Date								
Name								
Address								
Phone					Can we te this numb		Yes	No
E-mail								
Congregation (Optional)								
Spanis Language Abilit		None	Minimal	Conversational		Fluent		
	Please indicate the activities of volunteer interest.							
I agree to complete all necessary training and screening, including an hour-long online course and background check.								
Signatur	e				Date			