HOPE MINISTRIES VOLUNTEER APPLICATION

CONTACT INFORMATION

Name:		
Date of Birth:	Home Phone:	Cell Phone:
Church:	E-Mail:	
Current address:		
City:	State:	ZIP Code:

EMERGENCY CONTACT

Name of Emergency Contact:	
Relationship:	Phone:

PARENTAL INFORMATION

(REQUIRED FOR ALL VOLUNTEERS UNDER THE AGE OF 18)

I _____ *do hereby acknowledge, that my child is volunteering with the Hope Ministry Center.*
(Name of parent or legal guardian)

Signature:	Date:

PERSONAL REFERENCES

IF YOU ARE NOT A MEMBER OF FIRST BAPTST CHURCH OF BUSHNELL,
PLEASE LIST 3 PROFESSIONAL AND/OR PERSONAL (NOT INCLUDING RELATIVES) REFERENCES.
ALL REFERENCES WILL REMAIN CONFIDENTIAL.

Name & Relationship to Applicant:	**Address:**	**Phone:**

COMMUNITY AFFILIATIONS

(ORGANIZATIONS, NATURE OF SERVICE, CLUBS, AND SPECIAL INTERESTS)

SPECIAL SKILLS/HOBBIES/TALENTS/LANGUAGES

AREAS OF INTEREST

(PLEASE CHECK ALL THAT APPLY)

Food Pantry ____ Pregnancy Care Center ____ Thrift Store ____ Counseling ____ Career & Life Skills Training ____

Other (Please specify): _____

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AVAILABILITY

(PLEASE SPECIFY THE TIMES THAT YOU ARE AVAILABLE TO WORK)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____	_____	_____	_____	_____	_____
Start / End	Start / End	Start / End	Start / End	Start / End	Start / End

PHYSICAL LIMITATIONS

Do you have any chronic health problems that may inhibit your abilities? YES _____ NO _____

If yes, Please specify: _____

_____

CRIMINAL HISTORY

(PLEASE NOTE: ALL VOLUNTEERS ARE REQUIRED TO PASS A BACKGROUND CHECK BEFORE WORKING WITH ANY CHILDREN)

Have you been convicted of a crime in the past 7 years? YES _____ NO _____

If yes, please explain: _____

_____

_____

LEGAL RELEASES

Medical Treatment

Volunteer does hereby release and forever discharge Hope Ministries from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with his/her activities with Hope Ministries.

Insurance

The volunteer understands that Hope Ministries does not carry or maintain health, medical or disability insurance coverage for any volunteer. Each volunteer is expected to obtain his or her own medical/health insurance coverage.

Photographic Release

Volunteer does hereby grant and convey onto Hope Ministries all rights, title and interest in any and all photographic images, video or audio recording made by Hope Ministries during his/her activities with Hope Ministries, including, but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings.

Fitness Statement

I am medically, physically and emotionally fit to preform activities as assigned as part of the Hope Ministries volunteer program.

AGREEMENT AND SIGNATURE

I hereby agree that my answers to the Hope Ministries volunteer application are true and correct as of the date set forth below and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false or incomplete information submitted in this application may result in my removal as a volunteer. In the event I become a volunteer for Hope Ministries, I agree to abide by all rules, regulations, and policies set forth by the Hope Ministries organization's guidelines.

Applicant's Signature:	Date:
Parent's Signature:	Date: