

VOLUNTEER APPLICATION

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available to volunteer?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Mentoring
 Financial Counseling
 Childcare
 Transportation
 Preparation/Provision of Meals

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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References

Please list persons who are not related to you and who have known you for at least two years. Please include their name, address and telephone number.

1.
2.
3.
4.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize Acts 4 Ministries, Inc. to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Acts 4 Ministries, Inc. and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. If I become a Volunteer for Acts 4 Ministries, Inc., I agree to fully adhere to its policies and rules, including those rules relating to maintaining Resident confidentiality. I recognize that as a Volunteer, I am not seeking, nor expecting to receive, any compensation or other benefits in return for any Volunteer services which I may provide for this organization. Also, in any area of service, pictures and videos may be taken. By signing this form I give consent for my image to be used in brochures, DVD's, the website, etc.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, national origin, gender, age, or disability.

All Volunteers participating in this Program will be subject to drug & alcohol testing and criminal background checks and are consenting to same by signing above.