

Volunteer Application



Group Registration

VOLUNTEER GROUP LEADER INFORMATION

Name:
Address:
Phone (Cell):
Email:
Have you ever been convicted of a crime? NO YES - PLEASE EXPLAIN:
Are you at least 18 yrs of age: YES NO - WHAT IS YOUR AGE? _____
Please list any known allergies or info we should be aware of:

EMERGENCY CONTACT INFORMATION

Name:
Relationship:
Phone (Cell):

SERVICE AREAS OF INTEREST

Check all that apply:

- Admin
- Fundraising/Events
- Caswell Manor
- Minvilla Manor
- Dental Clinic
- Rapid Rehousing
- Resource Center
- Street Outreach
- Meal Group
- Bush Family Refuge

Other: _____

VOLUNTEER QUESTIONS:

Have you ever volunteered for any organization before? If yes, what are some examples?

Are you looking for a one-time project or interested in a long-term opportunity?

Are you seeking volunteer hours for a class or community project?

Have you ever toured VMC or visited with any of our programs or staff? If yes, who/when?

VOLUNTEER WAIVER:

I, the undersigned, being a volunteer involved in various projects and activities at Volunteer Ministry Center do hereby, for myself and for any volunteer for whom I am a parent or legal guardian or in authority over, release, discharge, hold harmless, and forever acquit Volunteer Ministry Center, its officers, agents, representatives and employees from any and all actions, causes of action, claims or any liabilities whatsoever, known or unknown, now existing or which may arise in the future, on account of or in any way related to or arising out of participation as a volunteer at Volunteer Ministry Center. Further, I assume all liability of any non-volunteers who accompany me.

NAME PRINTED: _____

SIGNATURE: _____

DATE SUBMITTED: _____

