

VOLUNTEER APPLICATION

All questions below are mandatory. Please answer each question.

The purpose of this application form is to guarantee the protection and welfare of the people of Samaritan Ministries. At the request of our insurance company and to properly cover the liability of our ministry, all volunteers must fill out the entire application completely. Your information is kept confidential to our Administration and Board. If you have questions about this form or volunteering in general, contact Cayti at 386-931-4616 or at cayti@samaritanministriesflagler.org

1. ABOUT YOU (All fields required).

Full Name: _____

Nick Name: _____

Address: _____ City _____ State _____

Home Phone: _____ Cell: _____

Email Address: _____ Date of Birth: _____

2. Marital Status: Single Married Divorced Separated

3. Which ministry area are you applying for?

Fundraising Bible Studies/Small Group Community Outreach

Samaritan Inn Website/Newsletter/Articles Donation Collections

Cafe Barnabas Other area _____

4. Spouse's Name (if married): _____

5. Children's Names + Age (if applicable): _____

YOUR CHRISTIAN FAITH

6. Which church do you attend? _____

How long? _____ When do you typically attend service? _____

7. Have you ever served in a ministry at your church in the past? Yes No

If Yes, which ministry and how long? _____

8. Describe your life before you met Christ and now that you know Him.

9. Who are two people who have influenced you the most in your desire to serve Christ? (Please list their name and relationship to you)

10. Why do you desire to serve as a volunteer at Samaritan Ministries?

YOUR BACKGROUND INFORMATION

11. Have you ever been convicted of or pleaded guilty to a crime? Yes No

If Yes, please explain.

12. Are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of children or youth? For example: chemical/substance abuse, mental/physical health issues, contraction of a communicable disease (HIV, AIDS, Hepatitis, etc), or an experience with abuse or molestation. Yes No

If Yes, please explain:

JOB EXPERIENCE/GIFTS

Please list any areas that you are gifted in. Include any prior job experience if relevant to serving at the ministry, ie, worked in HR and are volunteering to help women job search.

REFERENCES

14. MANDATORY: ALL applicants (regardless of age) must list **TWO ADULT** character references with current contact information. Be sure to include the relationship of the reference to you (friend, boss, co-worker, etc). Character references must be age 18 or older and may not be related to each other or to the applicant. References will be contacted.

Reference 1 - Name _____

Phone Number: _____ Email: _____

Relationship: _____

Reference 2 - Name _____

Phone Number: _____ Email: _____

Relationship: _____

APPLICANT'S STATEMENT

15. The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for working with children and women in crisis. In consideration of the receipt and evaluation of this application by Samaritan Ministries, I hereby release any individual, church, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. Should my application be accepted, I agree to be bound by the by-laws and policies of Samaritan Ministries and to refrain from unscriptural conduct as determined in the sole performance of my services on behalf of the ministry. I agree to allow Samaritan Ministries to perform a background check through an appropriate agency at the discretion of the Board of Directors at Samaritan Ministries to confirm any and all information I have provided. I further state that I HAVE CAREFULLY READ THE FOREGOING STATEMENT AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AND WAIVER AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

SIGNATURE _____ **Date** _____