

# Contact Ministries Volunteer Application

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Birth date (mm/dd/yy) \_\_\_\_\_ Male  Female

Current Status: Employed  Retired  Student  Other \_\_\_\_\_

## ***Education, Employment, Affiliation***

Highest Grade Completed: \_\_\_\_\_ Degree/Certifications: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Church, School, Club Affiliation: \_\_\_\_\_

## ***Interest & Availability***

Interests (circle all): Front Desk babysitting driver basement/store handyman/mover

Availability (list times): Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

## ***Health & Emergency Contact***

Please state any physical limitations or restrictions: \_\_\_\_\_

Are you allergic to any medications? If so, please list: \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ or Name: \_\_\_\_\_ Ph: \_\_\_\_\_

## ***Background Check information***

Have you ever been convicted of a felony or crime? Yes  No

If Yes, please explain: \_\_\_\_\_

References: **(pastoral or professional)**

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Relationship: \_\_\_\_\_

## ***Vision Mission, and Core Values***

I have read and agree to adhere to the vision, mission, and core values of Contact Ministries.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ***Confidentiality Statement***

-I understand and agree that any information pertaining to any Contact Ministries' residents, client, or staff cannot be discussed with others outside of the agency.

-I further understand that at no time should I give a resident my home address, telephone number or take any resident to my home for any reason. I also agree not to give cash or other tokens of gifts to a resident without permission from a supervisor in advance. I will not accept cash or other gifts from residents for doing my job or for any other reason.

-My signature acknowledges my understanding of the seriousness of any breach of confidentiality. I also understand that a breach of confidentiality may be cause to terminate me as a volunteer of Contact Ministries.

Signature \_\_\_\_\_ Date \_\_\_\_\_