



Volunteer Application

First Name: _____ M.I. _____ Last Name: _____

Date of Birth: ____/____/____ Other Names Used (Maiden): _____

Driver's License # _____ Social Security # _____ Race: ____ Sex: ____

Email: _____ Phone: _____

Place of Employment: _____ (some employers offer volunteer grants)

Emergency Contact: _____ Phone: _____

Relationship to Volunteer: _____

Current

Address _____ City _____ St. _____ Zip _____.

How long at this address? (Months/years) _____.

Previous

Address _____ City _____ St. _____ Zip _____.

How long at this address? (Months/years) _____.

Please provide two personal/and or professional references:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Interests

How did you hear about Special Ministries? (i.e., school, civic group/club, church, Facebook, other):

Availability

During which hours are you available to volunteer?

Weekdays

Evenings

Wherever I am needed most

Weekends

Special Events

Interests

Tell us in which areas you are interested in volunteering.

Program Helper (Bowling, putt-putt, etc)

Special Event Planning

Data Entry/Computer

General Office Work

Special Events

Wherever I am needed most



Interests

Why do you want to volunteer for Special Ministries?

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies that you may utilize while volunteering for Special Ministries:

Previous Volunteer Experience

Summarize your previous volunteer experience.

Community Service

Are you completing community service for any of these reasons? If yes, how many hours are required?

- Court Requirement
- Student Requirement
- Other

Number of Hours Required: _____ Required Completion Date: _____

Agreement and Signature

In connection with my application for volunteer service with **Special Ministries of Livingston County**, I authorize **Special Ministries of Livingston County** and their agent, to solicit background information relative to my criminal record history. I understand that **Special Ministries of Livingston County** may conduct inquiries into my background that may include criminal records, motor vehicle records, personal references and other public record reports pertaining to me. When requested by **Special Ministries of Livingston County** motor vehicle records or a driving history may be obtained. I understand that Special Ministries of Livingston County background checks all volunteers. I agree to this background check and verify that I have nothing on my record or in my past that may prevent me from volunteering.

Yes No (please explain below)

Volunteer's Signature _____ Date ___/___/___



I release **Special Ministries of Livingston County**, their respective employees, their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Yes No (please explain below)

Volunteer's Signature _____ Date ___/___/___

Agreement and Signature

I agree to use my personal insurance as the primary provider in the event of injury due to my work as a volunteer for Special Ministries of Livingston County. I shall not operate a personal vehicle for volunteer activities unless I have at least the minimum amount of liability insurance required by Michigan law (\$100,000 over \$300,000 for bodily injury and \$100,000 for property damage). Special Ministries is not responsible for loss or damage to volunteer's personal property. I also grant Special Ministries full permission to use photographs of me. I hereby attest that the information on this application is true and correct to the best of my knowledge.

I have read, understand and agree to the above agreement:

Print Name: _____

Volunteer's Signature _____ Date ___/___/___

If under 18, signature of parent or legal guardian is required:
_____ Date ___/___/___

Thank you!

Thank you for your interest in serving on our team. We believe you will find Special Ministries a fun and rewarding place to serve! We are excited to see how your time and talents will impact the lives of individuals with disABILITIES.

Would you like to receive our quarterly newsletter? Yes _____ No _____

For Office Use Only

Office Use Only:
Rec'd By: _____ Walk-in _____ Needs Call _____ Assigned to _____
Start date: _____

Notes: