



## VOLUNTEER APPLICATION

This application does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age against persons whose age is over 40 or on the basis of handicap or disability and any other characteristic required by law. No question on this form is intended to secure information to be used for such discrimination.

### GENERAL INFORMATION

Last Name :	First Name:	Date of Application:	
Address:	City:	State:	Zip Code:
Telephone #: (indicate cell, home, work)	Alt Telephone #:	Email Address:	

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

### AVAILABILITY

What days can you volunteer and what hours? Please indicate days with an X and write in hours next to it below:

	Monday	_____ : _____	to	_____ : _____
	Tuesday	_____ : _____	to	_____ : _____
	Wednesday	_____ : _____	to	_____ : _____
	Thursday	_____ : _____	to	_____ : _____
	Friday	_____ : _____	to	_____ : _____
	Saturday	_____ : _____	to	_____ : _____
	Sunday	_____ : _____	to	_____ : _____

### VOLUNTEER SKILLS & INTEREST

Have you ever done any voluntary work before?  Yes  No

If you answered yes, please tell us a little about the experience:

Why do you want to volunteer now? What has motivated you to get in touch with us?

Do you have any particular skills or qualities that you could use in your voluntary work?



We have many areas that we need help in. Please indicate with an X below what areas interest you?

- |   |  |
|---|--|
| <input type="checkbox"/> Counseling/Social Work             | <input type="checkbox"/> Social Media Marketing        |
| <input type="checkbox"/> Life Coaching                      | <input type="checkbox"/> Information Technology        |
| <input type="checkbox"/> Event Planning/Fundraising         | <input type="checkbox"/> Accounting/Finance            |
| <input type="checkbox"/> Researching Grants/Grant Writing   | <input type="checkbox"/> Front Office/Data Entry       |
| <input type="checkbox"/> Facilitating 12 Step Programs      | <input type="checkbox"/> Prayer Partner/Team           |
| <input type="checkbox"/> Fitness/Nutrition                  | <input type="checkbox"/> Other (please explain: _____) |
| <input type="checkbox"/> Teaching Biblical Studies/Seminars | _____  |

### CURRENT EMPLOYER (if applicable)

Employer:	Telephone: (    )	Dates Employed From      To	Summarize nature of the work performed in your job:
Address:			
Immediate Supervisor:			
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

### EDUCATION AND TRAINING

	Name and Address of School	Major/Minor	Did you graduate?	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				
Additional Training	Description	Degree/Certification/License		Date Completed

### REFERENCES

Please list three people (excluding family members) who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of Relationship	Phone Number

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## CERTIFICATION AND RELEASE OF LIABILITY

As a volunteer for In His Name Outreach, Inc. (IHNO), I agree to abide by all applicable rules and regulations of the organization. I understand that I will receive no monetary benefits in return for my volunteer service and that IHNO may terminate this agreement at any time without prior notice for any reason. I hereby authorize IHNO to check my references, and I understand that a criminal background check is required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the on site manager and on site orientation to perform my volunteer role.

I hereby Release and Waive liability against In His Name Outreach, Inc., a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for IHNO. Further, I agree that In His Name Outreach, Inc., is not liable for any damage to my property or my dependent's property resulting from volunteer work for IHNO. I agree that this release is as broad and inclusive as permitted by the laws of the State of New York.

**Volunteer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_