



Volunteer Application

PERSONAL INFORMATION (please print)

Full Name: _____ Date: ____/____/____

Gender: [] Male [] Female Ethnicity: _____ Date of Birth: ____/____/____

Social Security #: _____ - _____ - _____ Driver's License #: _____ State Issued: _____

Street: _____ City: _____ St: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Shirt Size: _____

County You Live In: _____ E-mail address: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship: _____ Phone: (____) _____ - _____

CHURCH INFORMATION:

Present Church Membership: _____

Church Address: _____

Pastor's name: _____ Denominational Affiliation: _____

How long have you been a member of this church? _____

Please list your involvement and responsibilities at your Church:

MINISTRY INFORMATION:

Please mark all areas of ministry in which you are interested in serving:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Job Corp | <input type="checkbox"/> Speaking | <input type="checkbox"/> Greenville Church | <input type="checkbox"/> Secretarial Work |
| <input type="checkbox"/> Prison Ministry | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation | <input type="checkbox"/> Mechanical Work |
| <input type="checkbox"/> Celebrate Recovery | <input type="checkbox"/> Financial Support | <input type="checkbox"/> Prayer Support | <input type="checkbox"/> Weekly Programs |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Running Errands | <input type="checkbox"/> Cooking/Cleaning |
| <input type="checkbox"/> Joseph's Storage Bin | <input type="checkbox"/> Library Work | <input type="checkbox"/> Bible Study | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Music | <input type="checkbox"/> Serving Lunch | <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Truck Ministry |

Prison Ministry:

In space provided list which facility you want to serve or are serving...

Malachi Dads _____

Rubies For L.I.F.E. _____

Please list your skills and gifts: _____

REFERENCES: Give the names and contact information of three references below. No relatives please. One reference should be your current pastor. The other two references must be from someone who knows you outside of church. The last one should be your reference that is affiliated with HR Ministries.

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ - _____ E-mail address: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ - _____ E-mail address: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ - _____ E-mail address: _____

HRM REFERENCE

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ - _____ E-mail address: _____

Applicant's Signature

Date

*****Fax to 270-365-6043**



VOLUNTEER WAIVER & BACKGROUND CHECK FORM

AUTHORIZATION TO RELEASE INFORMATION

In connection with your volunteer opportunities with HR Ministries Inc., notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for volunteer service purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with the references listed on the HR Ministries Volunteer Application. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

If possible, a donation of \$15 would be appreciated to offset the cost of this service.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting HR Ministries and Protect My Ministry, 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com. The scope of this notice and below authorization is not limited to the present and, if you are approved to volunteer, will continue throughout the course of your volunteer service and allow HR Ministries to conduct future screenings for retention, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by HR Ministries at any time after receipt of this authorization and throughout the course of my volunteer service, if applicable.

Signature: _____

Date: _____

Print Name: _____

Last Four Digits of SSN: _____