

# Granted Visions

## VOLUNTEER APPLICATION



**Mission Statement:** In this Christ-centered ministry we equip individuals to embrace the vision God has for their new life.

**Vision:** To reach those who are bound in life-controlling strongholds find freedom through a personal relationship with Jesus.

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

**Thank you for your interest in our organization**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Are you over 18 years old? \_\_\_\_\_ Are you a US citizen? \_\_\_\_\_

Do you have any current legal issues? \_\_\_\_\_ If yes please explain \_\_\_\_\_

Are you currently in recovery? \_\_\_\_\_

If yes, what is your sobriety date? \_\_\_\_\_

Any special talents or skills you have that you feel would benefit our organization?

\_\_\_\_\_  
\_\_\_\_\_

**Interests:** Please tell us in which areas you are interested in volunteering

- Administration (Record-keeping, stats, secretarial)
  - Events (party planning, set-up, support,
  - Program (teaching, preaching, curriculum development, etc.)
  - Fundraising (marketing, research, advertising)
  - Donations (collecting,
  - Communication (IT, computer programming
  - Newsletter (outreach)
  - Mentoring (Commitment to an individual) \* must meet mentoring criteria
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Please indicate days available: Mon Tues Wed Thur Fri Sat

Times available: From \_\_\_\_\_ to \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Any medical issues that we need to know about? \_\_\_\_\_

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In case of emergency contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

*As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward. I will also abide by all of the ethical principles set forth by Granted Visions.*

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

House Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Director: \_\_\_\_\_ Date: \_\_\_\_\_