

(https://www.almightyministries.org/)

Volunteer Application

Almighty Ministries, Inc. (AMI) Volunteer Application

Name: Last Name, First Na	me	○ Male ○ Female	
DOB: DD/MM/YYYY	SSN: (last 4 digits)	TDL #:	
Address: Street, Apt.#, City	, State, Zip Code		
Phone: Home	Cell	E-mail address:	
Last or Current School: Sch	nool Name	Status:	

Phone no:	Dates Employed:	Position held:
Reason for leaving:		
Previous Employer:		Address:
Phone no:	Dates Employed:	Position held:
Reason for leaving:		
Indicate your status:	ent Non-Parent Student	
Do you have previous volunte	er experience? O Yes O No If ye	es, list location and phone number:
Are you currently working as	a volunteer? O Yes O No If yes,	list location and phone number:
Do you have any special skills	s? • Yes • No If so, indicate,	
Please check where you would	d like to work:	
After-School (3-6pm):	Youth Supervision	Γutorials Homework Assistance
☐ Clerical/Record-keeping	☐ Snacks/Food Preparation ☐ Dri	ills \Box Uniform \Box Music \Box Creative Writing
☐ Drama ☐ Decorations	☐ Field Trip Chaperon ☐ Arts/Cra	ifts Organizing Oardening
Computers Photogra	aphy/Video	undraisers Puppetry Other:

Summer Day Camp: ☐ Indoor Sports ☐ Outdoor Sports ☐ Clerical/Record-keeping ☐ Youth Supervision				
☐ Field Trips ☐ Speakers Bureau ☐ Snacks/Food ☐ Arts/Crafts ☐ Talent Show ☐ Clerical				
☐ Photography/Video ☐ Other:				
Have you ever been arrested or convicted of a felony or misdemeanor other than for minor traffic violations? O Yes				
○No				
If yes, please indicate the offense/date:				
Have you ever been convicted of a crime against children? O Yes O No				
Have you ever worked with children? O Yes O No If yes, where				
What was your position?				
List Three Personal References: Name Address (City, State, Zip code) Phone No. Years Known:				
Reference 1: Reference 1				
Reference 2: Reference 2				
Reference 3: Reference 3				

CONSENT STATEMENT

I certify that the information in this application is true and correct. I understand that I could be removed from the volunteer position if any information is found to be false. I am aware that all volunteers must abide by the Volunteer Policy, which includes, but not limited to following instructions of the administrator. I am giving consent for Almighty Ministries, Inc. to obtain a criminal background on me, as permitted by local, state or federal regulations. I furthermore understand that a volunteer is an unpaid position without medical/health coverage and that I am responsible for any medical expenses resulting from personal injury while volunteering with AMI. I also understand that while volunteering with AMI, I may have access to records, files and/or facts that are confidential in nature to both the organization, its clients and/or staff and I do agree to maintain the confidentiality of such information. I hereby release forever, Almighty Ministries, its staff, volunteers, Board of Directors, or any clients served, financially liable for any injuries that I may incur during my service as a volunteer.

ACCEPTED AND AGREED TO: Please Enter Full Name

DD/MM/YYYY

MEDIA RELEASE

I give my consent to participate in the production of videos and/or media to be used in or for educational or public information purposes. I hereby relinquish all rights and interests whatsoever in any media material regardless of form, resulting from my participation in Almighty Ministries, Inc. I understand that Almighty Ministries, Inc. has the right to use such media in any way it deems, so long as such media are not used as the basis of or for purposes of displaying, creating, developing, producing or promoting any sexually explicit material.

ACCEPTED AND AGREED TO: Please Enter Full Name

DD/MM/YYYY

Send Application

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