



**THE MENDENHALL MINISTRIES  
VOLUNTEER MINISTRY  
GROUP APPLICATION FORM**

DATE \_\_\_\_\_

NAME OF GROUP \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP CODE

CONTACT PERSON \_\_\_\_\_

TELEPHONE NO. OFFICE (\_\_\_\_) \_\_\_\_\_ HOME (\_\_\_\_) \_\_\_\_\_

CELL (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

PASTOR OR CEO: \_\_\_\_\_

PREFERRED DATES \_\_\_\_\_ THRU \_\_\_\_\_  
MONTH/DATE/YEAR MONTH/DATE/YEAR

ALTERNATE DATES \_\_\_\_\_ THRU \_\_\_\_\_

NUMBER OF PEOPLE IN YOUR GROUP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FEMALES / MALES / TOTAL

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
HIGH SCHOOL/COLLEGE/ ADULTS

COMMENTS/QUESTIONS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Return page 1 ASAP to reserve your requested volunteer dates.**

**NAME OF GROUP:** \_\_\_\_\_



**THE MENDENHALL MINISTRIES  
(ADULT) INDIVIDUAL VOLUNTEER APPLICATION FORM**

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

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

Why do you want to be a part of this mission outreach project?

How do you feel about working for a Christian ministry where the verbal and lifestyle aspects of your witness to Jesus Christ are encouraged?

Describe any Christian service activity in which you have been involved.

Your job may require relating to individuals of different racial or cultural backgrounds. How would you handle these challenges?

What is your vocation? Where are you employed?

**NAME OF GROUP:** \_\_\_\_\_



### Rate Your Skills

The following list of skills will help us match you and your team mates with the appropriate project. Rate your strength in each area from 1 to 10, with 10 being the highest. Also, in the last three blanks, check areas which you have an interest and/or training, and/or experience.

YOUR NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ OVER 21: \_\_\_\_\_

SKILL	RATE	INTEREST	TRAINING	EXPERIENCE
Counseling				
Cooking				
Recreation				
CPR- First Aid				
Carpentry				
Electrical				
Plumbing				
Farming				
Medical				
Secretarial				
Research				
Writing				
Masonry				
Painting				
Landscaping				
Dry Walling				
Carpet Installing				
Vinyl Installing				
Tile/ Linoleum Installing				
Mechanic				
Roofing				

List any additional skills not listed above.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

NAME OF GROUP: \_\_\_\_\_



**VOLUNTEER PROGRAM  
MEDICAL RELEASE  
MEDICAL IDENTIFICATION FORM**

NAME OF PARTICIPANT: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY THE FOLLOWING PERSON:**

NAME \_\_\_\_\_ PHONE (H) \_\_\_\_\_

(W) \_\_\_\_\_ Ext \_\_\_\_\_ CELL \_\_\_\_\_ OTHER \_\_\_\_\_

**ANY MEDICAL CONDITION (S), ALLERGIES, OR OTHER PROBLEMS WE SHOULD BE AWARE? IF SO PLEASE EXPLAIN.**

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

**LIST ANY PERScription MEDICINE(S) YOU ARE CURRENTLY TAKING. REASON:**

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

**I HEREBY AGREE TO RELEASE THE MENDENHALL MINISTRIES FROM THE RESPONSIBILITY AND LIABILITY OR ILLNESS THAT MAY OCCUR TO ME DURING MY VOLUNTEER SERVICE WITH THEM (INCLUDING MEDICAL AND HOSPITALIZATION COSTS).**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS\*\* \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*A PARENT OR LEGAL GUARDIAN MUST SIGN THE WITNESS LINE IF THE PARTICIPANT IS LESS THAN 21 YEARS OF AGE.**

INSURANCE CARRIER \_\_\_\_\_

POLICY # \_\_\_\_\_

NAME OF GROUP: \_\_\_\_\_