



Volunteer Application

Desired Role

- ☐ Office Assistant
- ☐ Mentor
- ☐ File Clerk
- ☐ Leader Volunteer
- ☐ Resume Consultant
- ☐ Coordinator of Donated Items
- ☐ Grant Writer
- ☐ Special Event/ Fundraising

Personal Information

Name: _____
First Last MI

Address: _____
Street City Zip code

Phone: _____

Email: _____

Birthday: _____ - _____ - _____

Church Affiliation

Are you an active church member? Yes or No

Church Name: _____

Pastor Name: _____

References

Name: _____ Phone: _____

Name: _____ Phone: _____

General Information

Have you ever been convicted of a crime? Yes or No

If yes, please explain:

Highest level of education obtained: _____

Availability

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					



Volunteer Background Check

Adult Rehabilitation Ministry (ARM) reserves the right to run a background check on all volunteers. Any information found will be confidential between ARM and the volunteer. A background check that shows any of the following will result in an automatic dismissal from the volunteer program:

- Sexual Offenders
- Criminal activity in the last 2 years
- Current Warrants for arrest

I, _____, authorize The Adult Rehabilitation Ministry
to perform a criminal background check.

Volunteer's Signature

Date

Administration Witness

Date



Volunteer Media Release Form

I, the undersigned volunteer, do hereby authorize Adult Rehabilitation Ministry to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions.)

I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by ARM. (I understand that I may be identifiable from such photographic or electronic reproduction)

I, _____, having read the above statement, acknowledge that I understand the policy.

Volunteer's Signature

Date

Administration Witness

Date



Volunteer Accident Release Form

I, the undersigned volunteer, do hereby acknowledge and freely sign this form releasing the Adult Rehabilitation Ministry (ARM and Golden Gate Missionary Baptist Church (GGMBC)), its administration, staff and agents blameless/harmless of any hurt or bodily injury to my person that might occur due to an accident.

I, _____, having read the above statement, acknowledge that I understand the policy.

Volunteer's Signature

Date

Administration Witness

Date