

True • To • Life Ministries

For Office Use Only

Received: _____

Background: Y/N

Approved: Y/N

Initials: _____

Volunteer Application

CONTACT INFORMATION

Today's Date _____

Name _____ Birthday ____/____/____
 First MI Last

Street Address _____
 Street Apt. # City/State Zip

Mailing Address _____
 Street/ PO Box City/State Zip

Email Address _____

Phone #: Cell _____ - _____ - _____ Home _____ - _____ - _____

Single Married Spouse's Name _____

Children's Names and ages: _____

True to Life Ministries Volunteer Liability Waiver

I understand that True to Life Ministries has no coverage for my automobile in case of an accident or damage while volunteering for True to Life Ministries.

I understand that True to Life Ministries has no liability coverage for any of my possessions in case of an accident or damage while volunteering for True to Life Ministries.

I understand that True to Life Ministries has no workman's compensation for any injuries occurring while or resulting from volunteering for True to Life Ministries.

I understand that while volunteering at True to Life Ministries, photos may be taken of me and used for media or promotional material.

I state that I am of lawful age and legally competent to sign this affirmation and release: that I understand the terms herein are contractual and not a mere recital and that I have signed this document of my own free act and coalition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

Print Name _____

Signature _____

Date _____

INTERESTS FOR VOLUNTEER OPPORTUNITIES

Areas of interest (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Operation Backpack | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Career Series | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Office/Administrative Assistance | <input type="checkbox"/> Prayer Partner |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other: _____ |

Notes (feel free to provide additional information regarding your areas of interest) _____

OVERVIEW OF OPPORTUNITIES

Operation Backpack: Provides food over the weekends for homeless and hungry students attending Elizabeth B. Barth Elementary School.

Volunteer Opportunities: Inventory (once a month) & transport food from collection sites (every week); Transport empty backpacks to TTLM (every week); Fill backpacks (every week); Deliver food to schools (every week)

Career Series: Part of our LifeStyle program, our Career Series classes equip women and men with the skills needed to reach their life's full potential. Class topics include resume and cover letter instruction, interview preparation, dressing to impress, etc. Each class meets twice a week for four (4) weeks.

Volunteer Opportunities: Class Facilitators (4-week commitment); Class Volunteers (4-week commitment); One-Time Volunteer Opportunities (provides assistance for one-time class activities such as resume assistance, mock interviews, etc.); Childcare (4-week commitment).

Office/Administrative Assistance: TTLM uses volunteers to help with a variety of needs at our office in order to ensure our day-to-day operations run smoothly.

Volunteer Opportunities: Basic filing, making copies, organizing and sending mail-outs when necessary.

Prayer Partner: Receive regular email updates regarding prayer needs and concerns for TTLM.

Please call for more information regarding opportunities related to Special Events, Fundraising, and Public Relations.

AVAILABILITY

Please tell us when you are available for volunteer assignments (check all that apply):

- Weekly
- Monthly
- Quarterly
- One-Time Opportunities

For Weekly & Monthly Opportunities (check all that apply):

- Weekday Mornings
- Weekday Afternoons
- Weekday Evenings
- Weekend Mornings
- Weekend Afternoons
- Weekend Evenings

TRANSPORTATION AVAILABILITY

***Provide only if you are interested in transporting children and adults to and from programs.*

Are you available for transporting others? Yes No

If Yes, please provide the following:

Driver's License State & No.: _____

Current Automobile Insurance: Yes No

Insurance Company: _____ Expiration Date: _____

SPECIAL SKILLS & QUALIFICATIONS

Please summarize any special skills and qualifications that you have that may prepare you to work as a volunteer with True to Life Ministries:

PREVIOUS VOLUNTEER/MINISTRY EXPERIENCE

Local Church Affiliation: _____

Have you ever been involved in any other volunteer or paid ministry?

- Yes, Please give details below.
- No

Please summarize your previous experience (please attach an additional sheet if necessary):

REFERENCES

Please list 3 references that are not related to you:

1. Name _____ Phone _____

Email _____ Relationship _____

Mailing Address _____
Street/PO Box _____ City/State _____ Zip _____

2. Name _____ Phone _____

Email _____ Relationship _____

Mailing Address _____
Street/PO Box _____ City/State _____ Zip _____

3. Name _____ Phone _____

Email _____ Relationship _____

Mailing Address _____
Street/PO Box _____ City/State _____ Zip _____

When did you become a Christian? Please describe your experience (use lines below or attach an additional sheet):

Do you believe:

In the Virgin birth and deity of our Lord Jesus Christ? Yes No

That Jesus is God's son and the only sacrifice for sin? Yes No

In the eternal reward of the believer? (Heaven) Yes No

That Jesus arose bodily from the dead? Yes No

MEDICAL INFORMATION

Emergency Contact: _____ Phone: _____

Relationship: _____

Physician Name: _____ Phone: _____

Please list any allergies or other medical history that might be relevant:

Consent to Criminal Background Check

***Criminal background check is for use if you are volunteering to work with youth under the age of 18 years old.*

I have been informed that True to Life Ministries would like to do a criminal background check for employment/volunteer purposes. This form is strictly confidential. Thank you for your cooperation in this process and we appreciate your patience and understanding of the need for this in our society.

Name: _____
Last (Maiden) First Middle

Social Security No. _____ - _____ - _____ Date of Birth: _____

Permanent Address: _____

City _____ State _____ Zip Code: _____

Driver's License #: _____ Place of Birth: _____

Cell Phone: _____ Home Phone: _____

Because the TTLM cares for our children, youth and adults and desires to protect them, we ask you to please answer the following questions. We understand that the following questions are personal and we will protect your privacy.

1. Is there any reason, including those that are physical or mental health related, that might keep you from effectively working with children/youth/adults that might cause potential harm?

Yes No

If yes, please explain: _____

2. Have you ever been charged with, indicted for, or pled guilty to a crime? (including any minor traffic violations)

Yes No

If yes, please explain: _____

3. Have you ever been charged with, indicted for, or pled guilty to an action prohibited by the Pennsylvania Family Code, or a similar code in any state?

Yes No If yes, please explain: _____

4. Have you ever been known by any other name?

Yes No
If yes, please list all other names (including maiden name): _____

The information contained in this application is correct to the best of my knowledge. In consideration of the receipt and evaluation of this application by TTLM, I hereby release any individual, children/youth/adult organization, charity, employer, reference, or any other person or organization, both collectively and individually, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or family, on account of compliance or any attempt to comply, with this authorization.

I understand that TTLM desires to protect its members and therefore give my permission for TTLM leadership to conduct a criminal background check on me.

I further state that I have carefully read the foregoing release and know its contents; and sign this release as my own free act. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment or acceptance of my service as a volunteer (collectively, the "engagement").

In the event I am engaged, I understand that all employees/volunteers are subject to termination at the discretion of TTLM. If, in the event I choose to voluntarily terminate my service, I am free to do so at any time, and if I choose to give notice of termination, the Ministry may either permit me to continue my service during the period or may accept my resignation immediately.

I understand that, if engaged, any misrepresentation made by me in completing this application shall be considered as sufficient cause for my dismissal without advanced notice.

Applicant's Signature

Date

Volunteer Confidentiality Statement

This statement is representation of my understanding and agreement to keep all information obtained via True to Life Ministries (TTLM) in strict confidence. Information may include but is not limited to the following: all data, materials, knowledge and information generated through, originating from, or having to do with TTLM, or persons associated with our programs, including participants, volunteers, and staff, are to be considered privileged and confidential and is not to be disclosed to any third party. All pages, curriculum, forms, information, designs, documents, printed material, policies and procedures, conversations, messages, resources, contacts, e-mail lists, client, staff or public information is confidential and the sole property of TTLM.

This also includes, but it not limited to, any information of, or relating to, our staff, participants, operations and programs. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form.

Participant information, including all file information, is not to be disclosed to any third party, under any circumstances, without the prior consent of the TTLM employee that is supervising you and the Executive Director.

Any disclosure, misuse, copying or transmitting of any material, data or information, whether intentional or unintentional, will subject you to disciplinary action and/or prosecution, according to the procedures set by TTLM and any applicable laws.

My signature signifies I agree to these terms and will abide by, adhere to, and honor all of the above.

Signature of Volunteer

Date