

Volunteer Application



Personal Information

Date: _____

Name (First) (Middle) (Last) Birth date

Ms. Mrs. Mr. Rev. Dr. Other _____ Preferred Nickname _____

Street Address Apartment Number

City State Zip Code

Home Phone Number Cell Phone Number Email Address

I prefer to receive calls at: Home Cell Other _____ Do you Text? Y or N
(Circle one)

Emergency Contact Name Telephone Number Relationship

Church Information and Reference

Church Name Denomination

Pastor or Church Leader's Name Phone Number

Return application to: Love INC of Douglas County Lakes Area
44 Glenn Rd. Alexandria, MN 56308
Phone: 320-759-3022

Revised 7/31/18

Volunteer Application



Apostles' Creed and Confidentiality Statement

The Apostles' Creed

I believe in God, the Father Almighty, Creator of heaven and earth. I believe in Jesus Christ, His only Son, our Lord. He was conceived by the power of the Holy Spirit and born of the Virgin Mary. He suffered under Pontius Pilate, was crucified, died, and was buried. He descended to the dead. On the third day He rose again. He ascended into heaven, and is seated at the right hand of the Father. He will come again to judge the living and the dead.

I believe in the Holy Spirit, the holy catholic* Church, the communion of saints, the forgiveness of sins, the resurrection of the body, and the life everlasting. Amen.

Confidentiality Statement

I agree to take extreme care to protect the confidentiality of all individuals (clients, volunteers, staff, donors, etc.) and churches involved in the Love INC ministry. I will hold any information obtained by me or to which I have access in the strictest confidence. I will not disclose or discuss information regarding any individual or church to anyone other than the appropriate Love INC personnel.

Signature

I believe the Apostles' Creed and agree to abide by Love INC's Confidentiality Statement.

Signature

Date

**The word "catholic" does not refer to the Roman Catholic Church, but to the universal church of the Lord Jesus Christ*

Authorization to Release Information

- I consent to the use of my image in photographs, videos or recordings taken by Love INC volunteers or staff for use in Love INC Ministry advertising, marketing or promotion.
- I consent to the use of my written testimony taken by Love INC volunteers or staff for use in Love INC Ministry advertising, marketing or promotion.

Signature

Date

Release and Hold Harmless Agreement

I, the undersigned, hereby certify that my participation in volunteering for Love In the Name of Christ of Douglas County Lakes Area is entirely voluntary. This Activity is purely for my personal enrichment and recreational benefit.

I understand and recognize that I am responsible for my own safety and well-being during my participation in the Activity.

I fully understand and appreciate the risks in participating in this Activity, which could include loss of life, serious loss of limb or loss of property.

To the best of my knowledge, I am not aware of any physical disability or health-related reasons which would preclude or restrict my participation in the Activity. I further understand that any Love INC personnel or agent(s) participating in the Activity are not necessarily medically trained to care for any physical or medical problems that may occur during this Activity.

NOW, THEREFORE, in consideration of being allowed to participate in the Activity, I agree to hold Love INC, its Board of Directors, employees, agents and/or representatives harmless from any and all direct, indirect, special or consequential damages, costs, legal or otherwise, which I may incur as a result of my participation in this Activity, excepting only such damages and costs resulting from the gross negligence of Love INC, its Board of Directors, employees, agents and/or representative. This Release/Agreement shall be binding upon my heirs, administrators, executors, and assigns.

In signing this release, I acknowledge and represent that I have read the foregoing Release/Agreement, understand it and sign it voluntarily; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am fully competent and I execute the Release/Agreement for full, adequate and complete consideration fully intending to be bound by the same.

Printed Name of Participant

Signature of Participant

Date Signed

OR signature of parent/guardian granting permission if participant is less than 18 years of age

Date Signed

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Volunteer Information

How did you learn about this volunteer opportunity? _____

When are you available (dates and times)? _____

Talent Tithe

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Administrative Support
(data entry, mailings, office projects) | <input type="checkbox"/> Meal Planning/Preparation |
| <input type="checkbox"/> Appliance Deliveries*
Truck/Trailer Y or N | <input type="checkbox"/> Prayer Ministry |
| <input type="checkbox"/> Childcare* | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Church Ministry Coordinator (CMC) | <input type="checkbox"/> Support Transformational Ministry (circle options)
Facilitator
Mentors / Small Group Leaders
Financial Mentors
Other |
| <input type="checkbox"/> Clothing Ministry (circle options)
Sorting donations
Shopping with clients | <input type="checkbox"/> Volunteer Driver* |
| <input type="checkbox"/> Event Planning | |
| <input type="checkbox"/> Intake (hear client's story) | |
| <input type="checkbox"/> Garage Sale | |

*Background Check Required

Past Profession/Career/Job: _____

Talents/Hobbies: _____

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