



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Church	
Conference/Union	
E-Mail Address	

Appointed: I have been asked to assist in the _____ area for _____

I am willing to be assigned as needed

I am a Master Guide

I have worked in: Adventurers Pathfinders AY Federation AY Youth

Age Group: TLT 18-20 21-30 31-50 56-65 66+

Gender: Female Male

Days of Availability *(Please check all that apply)*

Because all duties are different, everyone will be communicated with as to their working hours

I will arrive? _____ I will leave on _____

I will be able help with the pre-Conference Rally: Sabbath April 3, 2010 Yes No

I will be able to help with the Community “Just Make Over’s” (ADD DATE): Yes No

I will be able to help with the Prayer Conference/, April 7-11, 2010 Yes No

During which hours are you available for volunteer assignments?

Weekday mornings Weekend mornings

Weekday afternoons Weekend afternoons

Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

Congress Services Recreation Delegate Services Safety

Registration Phone bank Communications Events

Field work Community Projects Programming Programming

Volunteer coordination Various Ministries please list: _____

Health History

Summarize: Do you now have or have you ever had any injury/sickness or condition that might limit your involvement in this Prayer Conference? Yes No (*please check*) If yes, what is the sickness/injury or condition and how would it hinder? _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. _____

For Medical Applicants Only

Credentials (eg. EMT, LPN, MD, DO, DDS, RN): License #: _____ State: _____

Certification - PALS: Yes No Exp. Date _____

CPR: Yes No Exp. Date: _____ **ACLS:** Yes No Exp. Date _____

Other: _____ Exp. Date _____

Areas of interest and expertise (eg. EMT, PEDS, ER, etc.): _____

Work Experience

Please indicate what work experience you have in the three areas you listed above (including Adventurers/Pathfinders/ AY Federation/AY Youth activities):

1st Choice: _____ Yrs of Exp: ___ 2nd Choice: _____ Yrs of Exp: ___

3rd Choice: _____ Yrs of Exp: _____

Unlawful Conduct

Summarize: Have you ever been accused, charged, or disciplined for any unlawful sexual conduct, child abuse, and/or child sexual abuse? YES NO If your answer was NO, please go to next section. Date: _____ Place: _____

Type of Conduct: _____

References

Summarize: If possible, please give the name and address of a reference/professional who can verify that it is now appropriate for you to be working in an environment such as the Prayer Conference.

Name of Reference Street City State Zip Phone

Please list three individuals who know you well enough to recommend you as a Prayer Conference staff person (pastor, friends, etc):

Name of Reference	Street	City	State	Zip	Phone
1.					
2.					
3.					

Previous Volunteer Experience

Summarize your previous volunteer experience. _____

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Fax your application to: 517-316-1574, attn: Terry Dodge volunteer coordinator. For more information contact directly 517-331-1346 (cell) email at: tdodge@misda.org.