

Emergency Contact

Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Special Skills, Talents, and Background Experiences

Please list any particular skills, talents, background experiences that you would like to share with our ministry (if you need additional space to list your information please attach a separate sheet):

Interests: Please indicate areas of interest

Sports Crafts Cooking Sewing Facilities

Clerical Marketing Special Events/Fundraising Outreach

Education Other: _____

Additional information you would like to provide about your skills/program:

Please indicate days available: Monday Tuesday Wednesday Thursday Friday Saturday

Times available: From _____ to _____

Any physical limitations? _____

Do you need community service hours? Yes No

Are the hours for: School Other: _____

What other organizations have you volunteered for, if any?

Are you a member of Golden Leaf Ministries? Yes No

(Membership in Golden Leaf Ministries is required as a volunteer. We do have a work program to assist you in obtaining a membership in hardship circumstances).

Background

Golden Leaf Ministries will conduct a background check on all appropriate volunteers. Convictions are not an automatic disqualification to volunteering. However, failure to provide complete and accurate information relating to criminal convictions may result in termination of the volunteer relationship with Golden Leaf Ministries.

Please list here any other names you may have used in the past. Also list other states you have lived in:

Have you ever been convicted of a criminal offense? If so, please explain.

References

Please list two people (besides relatives) whom you have known for at least two years and who know you well enough to provide us with a reference.

1. Name _____

Telephone _____ Relationship to you _____

How long have you known this reference? _____

2. Name _____

Telephone _____ Relationship to you _____

How long have you known this reference? _____

Please list the names of relatives, friends, or acquaintances who are members of Golden Leaf Ministries or Golden Leaf Baptist Church and their relationship to you: _____

Your signature _____

Date _____

Parent's or guardian's signature (if you're under 18) _____

Date _____