

My Father's House

Background check completed/date _____



PO Box 973

Orientation attended/date _____



Springfield, TN 37172

Volunteer Application

Legal First Name

Legal Last Name

Middle Initial

Nickname

Birth Date

Address

Address Line 2

City

State

Zip Code

Email Address

Phone

Landline or Mobile?

Emergency Contact

Name: _____

Relation to you: _____

Phone: _____ *Landline or Mobile?*

How did you hear about us?

Online _____ Connection _____ Organization: _____ Another Volunteer _____

Name of volunteer _____

Church Name (or n/a if not affiliated): _____

Pastor Name: _____

Other:

MFH Volunteer Name: _____

Background Check & ID

You are required to have a background check before you are able to serve as a Volunteer with your cost of \$30.00 as a donation to My Father's House Mission. Are you willing to have a background check? *Yes or No*

State License or State ID with photo at orientation (a photo copy will remain with your application) _____

Other

Please list some of the skills you have:

Do you have any disabilities? *If so, please explain below:*

Availability

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Please check the volunteering opportunities you would be interested in:

Overnight Chaperone Guest sign in Transportation

Cooking meals Serving meals Laundry

Housekeeping Maintenance Devotionals

Marketing Fundraising Social Work

Resume Building Entertainment Event Planning

Applicant Certification and Agreement

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize MFHM to verify their accuracy and to obtain reference information concerning my character and capabilities. I release MFHM and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decision made based upon such information. If I become a volunteer at MFHM I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize as a volunteer I will serve in a different role than the staff of MFHM and I am not seeking nor expecting to receive any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

Signature of Applicant _____

Date _____

Volunteer Confidentiality Pledge

I hereby pledge that all information, both client and financial supporter information, will remain confidential. I will not discuss any information with anyone except the Supervisor of MFHM.

I understand that if I break my pledge, I will no longer be permitted to volunteer for MFHM.

Volunteer Signature _____