

Summer Missions Application

SOCS
 PO Box 4081
 Flint, MI 48504



Individual Contact Information

Name	
Street Address	
City, State Zip Code	
Cell Phone	
E-Mail Address	
Birthdate	
Medical Conditions	
Medications	
Allergies	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Shirt Size	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> XXLLarge

Group Information

Group Name	
Contact / Sponsor Name	
Mission Trip Dates	

Interests

Tell us in which areas you are interested in volunteering

- | | |
|--|---|
| <input type="checkbox"/> Praying with Individuals | <input type="checkbox"/> Praise and Worship: <input type="checkbox"/> singing <input type="checkbox"/> instrument |
| <input type="checkbox"/> Street Ministry | Instrument(s) played: _____ |
| <input type="checkbox"/> Homeless Ministry | <input type="checkbox"/> Performing Arts: Drama/Skits/Acting |
| <input type="checkbox"/> Working with Children (VBS type activities) | <input type="checkbox"/> Sports Activities with Children / Youth |
| <input type="checkbox"/> Salvaging Items from Abandoned Properties | <input type="checkbox"/> Uniform Drive and Distribution |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Mentoring / Discipling |
| <input type="checkbox"/> Carpentry: drywall, painting, repairs | <input type="checkbox"/> Recreating Items / Crafting / Art |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Random Acts of Kindness / Serving |
| <input type="checkbox"/> Teaching a Class: _____ | <input type="checkbox"/> OTHER: _____ |

Special Skills or Qualifications

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

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Person to Notify in Case of Emergency

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

Written Responses

Describe who Jesus is to you.

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Describe why you would like to volunteer with SOCS.

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

I grant to SOCS all rights to all photographic images and video or audio recordings of me and made by or on behalf of SOCS in connection with my volunteer service.

I understand that SOCS may not have and has no obligation to provide health or liability insurance for volunteers. It is my choice and responsibility to have personal health and liability insurance to cover my health and property (including my vehicle) while volunteering.

I fully RELEASE SOCS, its successors, assigns, officers, directors, employees, agents and representatives (collectively, "Released Parties"), from any and all actions, suits, liability, claims, demands, losses, and costs for damages or other legal or equitable relief of any nature, including claims for personal injury, death, or property damage, which may arise from any act or omission (excluding acts or omissions involving gross negligence or willful misconduct) of the Released Parties or my volunteer activities affiliated with SOCS, whether or not foreseeable or contributed to by the Released Parties.

I agree that I am responsible for securely maintaining the confidentiality of all proprietary, personal, confidential, or privileged information to which I may be exposed while serving as a SOCS mission volunteer, whether this information involves SOCS, a staff member, volunteer, client, or other person.

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 ministering with us.

Name (printed)	
Signature	
Date	

IF VOLUNTEER IS UNDER THE AGE OF 18, A PARENT/GUARDIAN MUST SIGN ON HIS/HER BEHALF AGREEING TO THE CONDITIONS MENTIONED ABOVE. This signature also serves to allow my child, _____, to be given emergency medical treatment during his/her service with SOCS by SOCS staff or the designated group leader listed above in the event that I cannot be reached:

Name (printed)	
Relationship to Applicant	
Signature	
Date	
Insurance Carrier	
Insurance Group/ID/Policy #	