

Volunteer Application

SOCS
805 M L King
Flint, MI 48503



Contact Information

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

Availability

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

- | | |
|--|---|
| <input type="checkbox"/> Salvaging Items from Properties | <input type="checkbox"/> Uniform Drive and Distribution |
| <input type="checkbox"/> Events | <input type="checkbox"/> Phone Calls |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Mentoring / Discipling |
| <input type="checkbox"/> Carpentry: drywall, painting, repairs | <input type="checkbox"/> Recreating Items / Crafting |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Public Relations / Marketing |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Volunteer Coordination |
| <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 work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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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 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.

I agree that I am not an employee of SOCS and am not entitled to receive employee benefits or compensation. I understand that I am not eligible to receive workers' compensation benefits.

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 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 volunteering 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:

Name (printed)	
Relationship to Applicant	
Signature	
Date	