# RESTORE MINISTRIES PROGRAMS

**VOLUNTEER APPLICATION**

Thank you for your interest in serving with Restore Ministries Programs! Please complete this application thoroughly. All information will be kept confidential.

## SECTION 1: PERSONAL INFORMATION

**Full Name (First, Middle, Last):**

**Date of Birth:**

**Address:**

Street Address

City State Zip Code

**Phone Number:**

**Email Address:**

**Preferred Method of Contact:**

☐ Phone ☐ Email ☐ Text

## SECTION 2: EMERGENCY CONTACT

**Emergency Contact Name:**

**Relationship:**

**Phone Number:**

**Alternate Phone Number:**

## SECTION 3: EDUCATION

**Highest Level of Education Completed:**

☐ High School

☐ Some College

☐ Associate's Degree

☐ Bachelor's Degree

☐ Master's Degree

☐ Doctorate

☐ Other:

**School / University Name:**

**Field of Study / Major:**

## SECTION 4: AVAILABILITY

**Days Available: (specific program schedule)**

☐ Monday 3:00–6:00 PM

☐ Tuesday – Virtual 4:30–6:30 PM

☐ Wednesday 3:00–6:00 PM

☐ Thursday – Office Hours

☐ Friday 4:00–7:00 PM

**Preferred Time(s):**

☐ Morning ☐ Afternoon ☐ Evening

**How many hours per week can you commit?**

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**Start Date Available:**

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**Are you available for special events or weekend programs?**

☐ Yes ☐ No

## SECTION 5: AREAS OF INTEREST

*Please check all areas where you would like to volunteer:*

☐ Tutoring / Homework Help

☐ Arts & Crafts

☐ Sports / Recreation

☐ Administrative / Office Support

☐ Transportation / Driving

☐ Fundraising

☐ Mentoring

☐ Music / Worship

☐ Kitchen / Meal Prep

☐ Event Planning / Setup

☐ Social Media / IT

☐ Other:

## SECTION 6: SKILLS & EXPERIENCE

**Do you have any previous volunteer experience?**

☐ Yes ☐ No

If yes, please describe:

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**Do you have any special skills, certifications, or training relevant to working with youth or families?**

☐ Yes ☐ No

If yes, please describe:

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**Languages Spoken:**

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## SECTION 7: BACKGROUND QUESTIONS

*For the safety of our participants, please answer the following honestly. A "Yes" answer does not automatically disqualify you.*

**Have you ever been convicted of a crime?**

☐ Yes ☐ No

If yes, please explain:

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**Have you ever been accused of or investigated for child abuse or neglect?**

☐ Yes ☐ No

If yes, please explain:

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**Are you willing to undergo a background check?**

☐ Yes ☐ No

## SECTION 8: COMMITMENTS

*As a volunteer with Restore Ministries Programs, I agree to:*

☐ Uphold the mission and values of Restore Ministries Programs

☐ Maintain appropriate and professional conduct at all times

☐ Respect the confidentiality of all participants and families

☐ Follow all program policies and procedures

☐ Report any concerns regarding the safety of participants to program leadership immediately

☐ Arrive punctually and fulfill my scheduled commitments

☐ Communicate in advance if I am unable to attend a scheduled shift

## SECTION 9: PERSONAL RESTRICTIONS

**Do you have any physical, medical, or other restrictions that may affect your ability to volunteer?**

☐ Yes ☐ No

If yes, please describe:

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**Is there anything we should be aware of to support you in your volunteer role?**

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## SECTION 10: REFERENCES

*Please provide two (2) references who are not family members.*

### Reference 1

**Name:** **Relationship:**

**Phone Number:** **Email:**

### Reference 2

**Name:** **Relationship:**

**Phone Number:** **Email:**

## SECTION 11: PARENT / GUARDIAN CONSENT (FOR VOLUNTEERS UNDER 18)

*If the applicant is under 18 years of age, a parent or legal guardian must sign below.*

I, _____, give my permission to volunteer with Restore Ministries Programs. I understand the nature of the volunteer activities and agree with the commitments outlined above.

**Parent/Guardian Name (Print):**

**Parent/Guardian Signature:**

**Date:**

**Parent/Guardian Phone Number:**

**Parent/Guardian Email:**

## SECTION 12: VOLUNTEER AGREEMENT & SIGNATURE

By signing below, I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in the termination of my volunteer service. I agree to abide by all policies, procedures, and guidelines established by Restore Ministries Programs.

**Applicant Signature:**

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**Printed Name:**

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**Date:**

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### ✎ For Office Use Only

**Date Received:**

**Reviewed By:**

**Background Check Status:**

☐ Pending ☐ Cleared ☐ Not Cleared

**Approved:**

☐ Yes ☐ No

**Assigned Area:**

**Start Date:**

**Notes:**