

**ESTHER COMMUNITY MINISTRIES
VOLUNTEER APPLICATION FORM**

_____ (volunteer position title)

_____ (location site)

SECTION I

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ E-mail: _____

SECTION II

Previous Volunteer Experience _____

Languages Spoken: _____

SECTION III

(Circle Availability and Volunteer Assignment Preferences)

I Am Available: Mornings (Mon-Fri) Afternoons (Mon-Fri) Evenings (Mon-Fri)
Weekends (Saturday's) Weekends (Sunday's) Weekends (Sat & Sun)

SECTION IV

Do you have a valid (State) Driver's License? Yes No License #: _____ Plate # _____

Have you ever been convicted for any violation of any laws, traffic or otherwise? Yes No
If Yes, Please Explain: _____

Do you have any physical condition that may limit you to perform any activities? Yes No
If Yes, Describe: _____

Who do we notify in case of an emergency? _____
Telephone Number: _____

SECTION V [References]

Please list three persons we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, employer or relationship other than "personal" friend.

Name _____ Phone _____
Address _____
Relationship _____

Name _____ Phone _____
Address _____
Relationship _____

Name _____ Phone _____
Address _____
Relationship _____

E.C.M. VOLUNTEER ACKNOWLEDGEMENT FORM

(volunteer position title)

Date: November 14, 2018

Name: _____

Email: _____

I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check.

Signature of Applicant

____/____/____
Date