



Volunteer Application

Name: _____ Home Phone: _____

Cell Phone: _____

Address: _____ Birthday: _____

Start Date: _____

City _____ State _____ Zip _____

E-mail: _____

Emergency contact: _____ Relationship: _____

Phone #s: _____

Are you currently, or have you ever been, a client at Longview Community Ministries?

Are you affiliated with a local church? If so, which one

Skills and Interests

Educational Background: _____

Current Occupation: _____

Hobbies, Interests, and Skills: _____

Previous Volunteer Experience: _____

Please indicate your area of interest:

_____ **Family Service Center** –direct client interaction

_____ **Food Box** – pack and distribute food boxes

_____ **Meals on Wheels** – deliver daily meals with a smile

_____ **Learning Lab** – life skills/budgeting classes

_____ **Special Programs** – help out as needed for periodic events

At what times and on what days are you interested in volunteering?

(The office is currently open Monday-Friday, 9:00 AM – 12:30 PM.)

_____ Monday _____ Wednesday _____ Friday

_____ Tuesday _____ Thursday _____ Any day

Have you been arrested or convicted of a felony? _____ Where ? _____

Are you on probation? _____

(Please complete information on the back of this form.)

Liability Statement

I wish to volunteer my services to Longview Community Ministries, a 501 (c) 3 organization. I hereby agree and release you as follows:

1. I willingly and freely agree to volunteer and hereby assume any and all risk, with respect to any liability of Longview Community Ministries for such risk, including without limitation risk of any accident or injury to person or property which I may sustain in connection with my participation as a volunteer.
2. The undersigned hereby releases Longview Community Ministries and its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates from liability and covenants not to sue for, any and all claims and causes of action, whether known or unknown, arising out of, based upon or relating to my participation as a volunteer.
3. I further irrevocably grant to Longview Community Ministries, its assigns and successors, my consent and full right to: use my name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity, in connection with my volunteer participation hereunder.
4. This release shall inure to your benefit, as well as to the benefit of your successors, licensee, agents, employees, affiliates and assigns. This release shall be governed by the laws of the State of Texas.
5. I understand that Longview Community Ministries will conduct a background check based on the information given on this application and reserves the right to decline my application to volunteer in the Service Center or Food Box. This decision is at the discretion of the Executive Director and Board of Directors. I agree that Longview Community Ministries may terminate my participation as a volunteer if at any time my behavior, now or in the future, does not reflect the high standards of conduct as a volunteer of this organization.

I have read and agree to the Liability Statement.

Signature: _____

Date: _____