

VOLUNTEER APPLICATION FORM

(One application per person)

Attach
Photo
Here

Note: Your application is the first step in finding an appropriate place for you to serve as a volunteer. We will do our best to help you find that place. However, submitting this form does not guarantee placement, nor does it obligate you to accept an assignment if offered.

Please PRINT, CHECK, or CIRCLE appropriate answers.

Date: _____

1. **Name:** _____
First Middle Initial Last

2. **Spouse Name:** _____
(if applicable)

3. **Occupation:** _____

4. **Education:** Degree/diploma obtained: _____ Area of Study: _____

5. **Status:** Employed Unemployed Semi-retired Retired Student Other _____

6. **Date of Birth:** _____
(month/day/year)

7. **Gender** Female Male

8. **Home Address:**

Street address: _____ City: _____

State/Province: _____ Zip/PC: _____ Country: _____

E-mail: _____

9. **Phone:** (please include area code)

Home: _____ Cell: _____

FAX: _____ Work: _____

10. **Church membership:**

Church Name: _____ Classis or District: _____

City: _____ State/Province: _____

11. **Person(s) to contact in case of emergency:**

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

12. References: List two persons other than relatives and pastors.

A. Name: _____ Street address: _____

City: _____ State/Province: _____ Zip/PC: _____

Phone: _____ Email: _____

B. Name: _____ Street address: _____

City: _____ State/Province: _____ Zip/PC _____

Phone: _____ Email: _____

13. Assignment preferences (check all that apply):

A. North America

Disaster Response Services

Group Opportunity

B. International

Individual Opportunity

Group Opportunity

Tour

14. Shirt Size: M L XL XXL XXXL

15. Can provide lodging, if needed: Motor home 5th wheel/trailer Size: _____

16. Recruitment information: Who/What most influenced you to apply for this volunteer work? Check only one.

Another volunteer

CRC staff person

Pastor

Bulletin announcement

Friend

Website

Church speaker/video/slide presentation

Newspaper/Magazine ad

Other _____

17. Photo consent

Do you grant permission for use of any photo taken of you for promotional activities? Yes No

18. Availability:

ONLY ONE assignment. Specify preferred dates: _____

Several assignments. Specify preferred dates: _____

19. Why are you volunteering to work with this Christian organization?

20. Skills and Experience

A. According to the following guidelines, please rank **ONLY** those skills that apply to you, by writing the number in the space provided: (for example: 421 3 Painter)

- 1 – Can work only with close guidance of a skilled person.**
- 2 – Can work alone, but with some guidance.**
- 3 – Can work confidently and independently in this area.**
- 4 – Skilled in this area, and can guide or teach others.**
- 5 – Am Licensed/Certified in this area or field.**

- | | | |
|---|-----------------------------------|---|
| 401 ___ Building Estimator | 512 ___ Prayer Support | 634 ___ Therapist: PT/OT |
| 402 ___ Home Builder | 601 ___ Office Support | 638 ___ Tour Organizer |
| 403 ___ Carpenter | 603 ___ Commercial Artist | 639 ___ Negotiator/Mediator |
| 404 ___ Finish Carpenter | 604 ___ Auto/Truck Mechanic | 640 ___ Nutritionist |
| 405 ___ Carpenter Rough-in/Framer | 605 ___ Business Manager | 641 ___ Commodity Distribution |
| 406 ___ Bricklayer/Mason | 606 ___ Clergy | 642 ___ Agriculturist |
| 409 ___ Concrete Worker | 607 ___ Farmer: _____ | 643 ___ Overseas Work
Experience _____ |
| 412 ___ Drywall Hanger | (type) | (place) |
| 413 ___ Drywall Taper | 608 ___ Heavy Equipment Operator | 701 ___ Accountant/Bookkeeper |
| 414 ___ Ceiling Texturer | 609 ___ Manager/Supervisor: _____ | 702 ___ Attorney |
| 415 ___ Electrician | (type) | 712 ___ Computer Programmer |
| 416 ___ Siding Installer | 610 ___ Musician | 713 ___ Computer/Data Processor |
| 418 ___ Carpet Installer | 611 ___ Nurse | 714 ___ Web Page Designer |
| 419 ___ Vinyl Floor Installer | 612 ___ Nurses' Aide | 999 ___ Other Skills (specify):

_____ |
| 420 ___ Laminate Installer | 613 ___ Photographer | |
| 421 ___ Painter | 614 ___ Physician: _____ | |
| 422 ___ Ceramic Tile | (type) | |
| 423 ___ Plumber | 615 ___ Secretary | |
| 425 ___ Roofer | 616 ___ Videographer | |
| 429 ___ Heating & Cooling | 617 ___ Teacher | |
| 430 ___ Rapid Response/
Debris Removal | 618 ___ Truck Driver (Valid CDL) | |
| 433 ___ General Assistant | 619 ___ Grant Writer | |
| 434 ___ Vehicle Maintainer | 620 ___ Presenter/Speaker | |
| 436 ___ Mobile Home Repairer | 621 ___ Fund Raiser | |
| 501 ___ Assistance to Elderly | 623 ___ Researcher | |
| 502 ___ Assistance to Handicapped | 624 ___ Electronics Technician | |
| 504 ___ Child Care: _____ | 626 ___ Chaplain | |
| (certified by) | 627 ___ Journalist | |
| 506 ___ Food Prep/Baking/Cooking | 629 ___ Engineer: _____ | |
| 507 ___ Group Food Preparation | (type) | |
| 508 ___ Housekeeping/Cleaning | 630 ___ Medical Technologist | |
| 509 ___ Menu Planning/Purchasing | 631 ___ Salesperson | |
| 510 ___ Social Planning | 632 ___ Community Organizer | |
| 511 ___ Needs Assessment | 633 ___ Social Worker | |

LANGUAGES

Please use one or more of the following to indicate your skills:

Code:

1 Speak

2 Read

3 Write

4 Translate

910 ___ American Sign Language

901 ___ Spanish

902 ___ French

Other: _____

(Please specify)

B. From the list above, my primary interests are: # _____

21. Please include any pertinent additional information:

I am committed to the Christian faith and willing to support the Christian Reformed Church in North America's (CRCNA's) mission which states:

As people called by God, we gather to praise God, listen to Him and respond. We nurture each other in faith and obedience to Christ. We love and care for one another as God's people. We commit ourselves to serve and to tell others about Jesus. We pursue God's justice and peace in every area of life.

To the best of my knowledge, and recent physician's report (within the past 2 years), I am capable of performing the duties that match my skills and interests. I am emotionally stable, flexible, and adaptable in order to work in demanding and diverse situations. I understand this information will be shared as needed to ensure safe, appropriate assignments.

Limitations, if any (such as epilepsy, diabetes, dizziness, heart conditions, etc.)

Specify: _____

I am willing to have a complete physical and/or appropriate immunization as required for a specific assignment.

I understand that funding varies from one opportunity to another. I may have to cover some or all of my own expenses.

CRCNA may check on my background with law enforcement authorities (US citizens) AND/OR I am willing to provide a police background check (Canadian citizens), if required.

I certify that the information contained in this application is true and accurate.

U.S. DISCLAIMER

Unless agency staff is notified by phone or mail, volunteers may receive future mailings for volunteer opportunities and/or CRCNA programs and campaigns.

CANADIAN PRIVACY STATEMENT

The information provided by the Applicant in this form will be used to assess the suitability of the Applicant for placement in available volunteer roles and, when possible, to place volunteers in demographically appropriate roles. This information will also be used to update Christian Reformed Church constituency records, which includes mailing lists pertaining to the Christian Reformed Church and its agencies/ministries. The information provided by the Applicant in this form will only be used for these purposes and will not be disclosed to third parties except in furtherance of these purposes or as required by law.

RELEASE OF LIABILITY

I understand that CRWRC's insurance policy includes only medical coverage for work-related accidents. It does NOT include coverage for lost wages or other illnesses. I am responsible for obtaining personal coverage for disability, health, auto, and life, as necessary, not covered by CRWRC insurance.

I acknowledge and understand that there are significant elements of risk in connection with the volunteer activities that I will be performing, and that serious injuries or illness occasionally occur to persons performing these services. By signing below, I am agreeing to (i) ASSUME ALL RISKS and (ii) WAIVE AND RELEASE ANY AND ALL CLAIMS, DEMANDS, AND CAUSES OF ACTION, INCLUDING FOR PERSONAL INJURY, ILLNESS, PAIN, SUFFERING, ECONOMIC DAMAGES AND NON-ECONOMIC DAMAGES that I have experienced and/or might experience in the future (whether known, unknown, anticipated, unanticipated) as a result of my participating in volunteer activities or services on behalf of CRWRC or its partner agencies and/or affiliates. For purposes of this waiver and release, CRWRC shall include CRWRC, its affiliates and their officers, directors, employees, agents, volunteers, individual clients, and property owners where volunteers are housed, or where work is performed. This waiver and release apply to me and to any person who could make a claim on my behalf, including without limitation, my heirs, beneficiaries, personal representatives, and next of kin. This Agreement and this Release are governed by Michigan law. In the event that any provision is found invalid, then that provision will be automatically amended in as minimal a manner as possible to make the provision valid. This is the entire agreement, and any oral or other terms are excluded. **I HAVE READ THE TERMS OF THIS AGREEMENT, UNDERSTAND IT, AND ENTER INTO IT VOLUNTARILY.**

Signature of Applicant

Date

Signature indicating approval of parent/ legal guardian if applicant is less than 18 years of age

Submit to: CRWRC-DRS
400 76th St. SW, Suite 17
Byron Center, MI 49315

or, email to Becky Purdom
at bpurdom@crwrc.org
1-800-848-5818