

# Spiritual Care Support Ministries Volunteer Application



## Personal Information

First name Middle name (spelled out) Last name

Maiden name (if applicable)

Street address Apt #

City State Zip

Home phone Cell phone

Email address

SSN (required for background check) Date of birth

Occupation Employer

Emergency contact name/relationship Phone

What are your interests and hobbies: \_\_\_\_\_

Explain briefly why you are interested in being a volunteer with SCSM:

Do you have educational or life experience that you think would benefit SCSM? If so, explain:

When are you available?

Weekdays:  Morning  Afternoon  Evening  
Weekends:  Morning  Afternoon  Evening

Have you ever been convicted of a felony?  Yes  No If yes, please provide date and details: \_\_\_\_\_

### Volunteer Information

In what areas would you like to participate? Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Facilitate or cofacilitate groups   | <input type="checkbox"/> Assist with mailings  |
| <input type="checkbox"/> Lead an inspirational study   | <input type="checkbox"/> Event planning  |
| <input type="checkbox"/> Prayer intercession   | <input type="checkbox"/> Help with special events (yard sales, festivals, Christmas event, etc.) |
| <input type="checkbox"/> Help the sick/bereaved/elderly with chores                                | <input type="checkbox"/> Light housekeeping at the center  |
| <input type="checkbox"/> Visit people in hospital, nursing home, private home, care facility, etc. | <input type="checkbox"/> Light maintenance at the center   |
| <input type="checkbox"/> Follow-up phone outreach  | <input type="checkbox"/> Yardwork/landscaping (mowing, trimming, weeding, mulching)              |
| <input type="checkbox"/> Write letters/cards of encouragement                                      | <input type="checkbox"/> Receptionist coverage   |
| <input type="checkbox"/> Music ministry  | <input type="checkbox"/> Answer phones   |
| <input type="checkbox"/> Community outreach and awareness (delivering marketing materials)         | <input type="checkbox"/> Data entry  |
| <input type="checkbox"/> Grant writing and research  | <input type="checkbox"/> Admin projects (filing, copying, scanning)                              |
| <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Computer projects (Excel/Word)  |
| <input type="checkbox"/> Care café set up and/or cleanup   | <input type="checkbox"/> Book reviews  |
| <input type="checkbox"/> Other (your suggestion) _____   |  |

### Reference Information

Two references required – do NOT use family members

Reference name	Phone number	
Street address	Email	
City	State	Zip code

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Reference name Phone number

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Street address Email

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City State Zip code

### **Certification and Signature**

I certify that all the information on this application is true, and I give Spiritual Care Support Ministries permission to do a background check. I am aware that if I am inactive as a volunteer for two years I will need to submit new paperwork and will be responsible for the cost of any subsequent fees for additional background checks.

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Signature Date

A photo of myself has been given/taken to keep in my personnel file. Yes  No

I have read and agree to SCSM's Mission Statement, Vision, and Values below.

## **MISSION STATEMENT**

Spiritual Care Support Ministries provides support, education and a Biblical perspective to those who are ill, dying, grieving, and experiencing personal loss, and to those who journey with them.

## **VISION**

To establish a local, national and international resource center to provide ministry, training and a retreat for those who are ill, dying, bereaved and those who journey with them.

## **VALUES**

God's Word

Prayer

Value Every Human Life

Integrity

Confidentiality

Excellence in Everything We Do