

# 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 (Please check your preferred method of communication)

SSN (required for background check) Date of birth

Occupation Employer

Emergency contact name/relationship Phone

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

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

What other volunteer activities have you been involved in? \_\_\_\_\_

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

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

## Reference Information

Two references required – DO NOT use family members

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Reference 1 name

Phone number

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Street address

Email

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City

State

Zip code

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Reference 2 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