



Volunteer Application

Name _____ Date _____

Home Mailing Address _____

City _____ State _____ Zip code _____

Day Phone _____ Evening Phone _____

Email Address _____

Home Church _____

Will you be bringing a group? Yes or No

Name of the group _____ approximate # of people _____

Group mailing address (if a church group, business group, etc.)

City _____ State _____ Zip code _____

Please specify the days and times available:

Mon _____ Tue _____ Wed _____ Thur _____

Fri _____ Sat _____ Sun _____ Flexible _____

Please let us know what kind of volunteer activities interest you.

- ____ special events ____ clinic assistants ____ covenant sister
- ____ clothing attendant ____ playroom assistants ____ covenant brother
- ____ front desk ____ program ambassadors

____ Professional Skills and experience (specify) _____

Why do you want to volunteer with us? _____

How did you hear about Trinity Rescue Mission's volunteer opportunities?

____ School ____ Church ____ Friends
____ Mission Website ____ Other (explain) _____

**Please list two references you have known for at least 2 years, other than a relative.
(If this is for College Christian Service, you do not need to complete this)**

1. Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Relation _____

2. Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Relation _____

In case of emergency please contact:

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

**Are there any medical problems or issues which we should be aware of in the event of an
emergency?** _____

Photo and/or Video Release:

I hereby give my permission for me or my minor child to be interviewed, photographed, and/or videotaped with sound. This material may be used solely to promote Trinity Rescue Mission. I place no restrictions on the use of this material unless listed below.

Signature of Volunteer Date



Authorization and Consent for Background Check

Please Print

Name _____
(last) (first) (middle) (suffix)

Other Names Used (maiden/aliases) _____

Social Security Number _____ Date of Birth _____

Drivers License Number _____ State _____

Present Address _____

City _____ State _____ Zip _____

I understand that in connection with my volunteer application, Trinity Rescue Mission, Inc. may use an outside agency to research and verify the information I have provided on my application. This agency will provide a report to Trinity Rescue Mission, Inc.

I understand that the outside agency will obtain information it deems appropriate from various sources including, but not limited to, the following: credit reporting agencies, current and past employers, criminal conviction records, Department of Motor Vehicles records, military records, school records, and professional and personal references. I authorize, without reservation, any individual, corporation or other private or public entity to furnish Trinity Rescue Mission, Inc. all information about me.

I understand that a "Summary of Your Rights Under the Fair Credit Reporting Act" is available for my review at www.ftc.gov/bcp/online/pubs/credit/fcrasummary.pdf

This authorization and consent, in original, faxed, photocopied or electronic form, shall be valid for this and any future reports and updates that may be requested by Trinity Rescue Mission, Inc.

If you would like to make a donation toward the cost of your background check, please include cash or a check in the amount of \$10.00, payable to Trinity Rescue Mission.

Applicant's Signature _____ **Dated** _____

Print Name _____