



**ATTACH PHOTO HERE**

A head-shot only photo **MUST** be attached in order for application to be processed. *No staples please.*

You may have a photo taken the first Sunday morning of every month in the Worship Center Lobby or weekdays 8:30 AM - 4:30 PM at the Volunteer Office.

# Volunteer Application

## General Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  M  F

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home Work Cell

Do you use Twitter?  Yes  No May we contact you via text messaging?  Yes  No

Single  Divorced  Widowed  Married Spouse's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

May we call you at work?  Yes  No May we contact you on short notice?  Yes  No

May we contact you via e-mail?  Yes  No E-mail address: \_\_\_\_\_

How did you hear about Service International? \_\_\_\_\_

Are you applying in order to participate in a specific project?  Yes  No T-shirt Size: \_\_\_\_\_

Name/Location of project: \_\_\_\_\_

Have you participated in other disaster relief projects?  Yes  No

If yes, please provide the following information about your most recent project:

Date: \_\_\_\_\_ Type of project: \_\_\_\_\_ Location: \_\_\_\_\_

Organization which sponsored the project: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Organization's contact person: \_\_\_\_\_

## Background Check Information

Have you ever been charged with, convicted of, or pled guilty to a crime?  Yes  No

If yes, please explain: \_\_\_\_\_

**As part of your application, please complete the enclosed Background Check Form.**

## References

Please list two personal references (people who are not related to you).

1)	_____	_____	_____
	Name	Relationship	Daytime Phone Number
2)	_____	_____	_____
	Name	Relationship	Daytime Phone Number

## Skill Inventory

Do you have a skill or talent that you would like to share with Service International? We have listed some of our most common needs. Check the appropriate box(es) below. We need people of all skill levels to get involved!

<b>CONSTRUCTION &amp; MAINTENANCE</b>	<b>TECHNICAL ARTS</b>	<b>OTHER</b>
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Computer	_____
<input type="checkbox"/> Carpet Installation	<input type="checkbox"/> Photography	_____
<input type="checkbox"/> Concrete	<input type="checkbox"/> Videography	_____
<input type="checkbox"/> Dry Wall Installation/Taping		_____
<input type="checkbox"/> Heavy Equipment	<b>GENERAL</b>	
<input type="checkbox"/> Electrical Maintenance	<input type="checkbox"/> Baking/Cooking	
<input type="checkbox"/> Flooring	<input type="checkbox"/> Commercial Driver's License	
<input type="checkbox"/> Gardening	<input type="checkbox"/> Driving (errands, transportation)	
<input type="checkbox"/> HVAC		
<input type="checkbox"/> Landscaping	<b>MEDICAL/DENTAL</b>	<b>TALENTS / GIFTS</b>
<input type="checkbox"/> Masonry	<input type="checkbox"/> Dental Hygienist	i.e. organizational skills, hospitality
<input type="checkbox"/> Painting	<input type="checkbox"/> Dentist	friendliness, etc.
<input type="checkbox"/> Plumbing	<input type="checkbox"/> EMT	_____
<input type="checkbox"/> Sheet Metal	<input type="checkbox"/> Medical Doctor	_____
<input type="checkbox"/> Tile Installation	<input type="checkbox"/> Oral Surgeon	_____
<input type="checkbox"/> General Laborer	<input type="checkbox"/> Registered Nurse	_____
	<input type="checkbox"/> Trained in CPR or First Aid	

## Personal Conduct Guidelines

- Demonstrate a positive attitude. Do not complain about food, accommodations, cultural challenges, leadership decisions, etc.
- Abstain from alcohol or use of illegal drugs. No smoking in dining or lodging areas.
- Respect sleeping assignments. Be flexible.
- Take part in the daily devotions, group activities, and meals. Your active participation will promote unity and build productive relationships.
- Submit to the leader's authority.
- Do not leave the group on individual outings without the permission of the team leader.

## Emergency Information

List someone we may contact in case of emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Work Cell

Created: 11/2005

Revised: 12/2008 3/2006 7/2007 1/13/09  
1/2006 3/2007 9/28/2007 5/5/09

## Adult and Minor Volunteer Health History and Authorization and Consent for Medical Treatment

The information on this Adult and Minor Volunteer Health History and Authorization and Consent for Medical Treatment ("Health History and Consent") must be provided in order for any person to participate in any Volunteer Program as that term is defined in the Volunteer Adult and Minor Waiver, Liability and Publicity Release. Any changes to this form or any modifications to Volunteer's Health History and Consent or any health problem, restriction or condition should be provided to Service International, Inc. ("SI") in writing. If necessary, use a separate sheet of paper and attach it to this Health History and Consent.

### VOLUNTEER AND EMERGENCY CONTACT INFORMATION

Volunteer Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age as of Volunteer Program (i.e., trip or event): \_\_\_\_\_  
Home address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  Male  Female  
Custodial parent/guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Alternate home address (if different from above): \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Other phone numbers (Work): \_\_\_\_\_ (Cell or other): \_\_\_\_\_  
Second parent/guardian or emergency contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other phone numbers (Work): \_\_\_\_\_ (Cell or other): \_\_\_\_\_  
If parent/guardian is not available in an emergency, contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

### INSURANCE INFORMATION:

Insurance carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_  
Name of insured: \_\_\_\_\_ SS#: \_\_\_\_\_  
Relationship to Volunteer: \_\_\_\_\_

*Important: A copy of your insurance card (both sides) must be attached to this Health History and Consent.*

### HEALTH HISTORY

ALLERGIES: Please describe reaction and management of the reaction.

Medication allergies:	Reaction:
_____	_____
_____	_____
_____	_____

Food allergies:	Reaction:
_____	_____
_____	_____
_____	_____

Any other allergies: (i.e., insect stings, hay fever, asthma animal dander, etc.)	Reaction:
_____	_____
_____	_____
_____	_____

**HEALTH RESTRICTIONS:**

Do you have any current health problems or medical conditions?  Yes  No  
If yes, please describe all health problems or medical conditions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any health problems or medical conditions that would affect or restrict your participation in this Volunteer Program?  Yes  No  
If yes, please describe all health problems or medical conditions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had a Tetanus/Diphtheria inoculation in the last five (5) years?  Yes (M/D/Y) \_\_\_\_\_  No  
If no, you must submit a copy of a Tetanus/Diphtheria inoculation to SI or you cannot participate in this Volunteer Program.

**MEDICATIONS BEING TAKEN:**

List ALL medications (including over-the-counter or nonprescription drugs) taken. Bring enough medication to last for the entire Volunteer Program. Keep medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. Volunteer understands and expressly agrees that its Volunteer’s responsibility to take and/or arrange to take all medications as prescribed.

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time/s taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_  
Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time/s taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_  
Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time/s taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Volunteer takes NO medications.

Name of family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of family Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

**VOLUNTEER OR PARENT/GUARDIAN AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT**

This Health History and Consent is correct and complete. The Volunteer identified above has permission to engage in all Volunteer Program activities except as expressly stated in writing. I hereby give permission to SI to provide emergency and routine first aid, and seek emergency medical treatment including, without limitation, ordering tests or any other procedure recommended by any physician or medical provider. I agree to the release of any records necessary for insurance/medical purposes. I hereby give permission to SI to arrange necessary related transportation for Volunteer in the event of an emergency. If I cannot be reached in an emergency, I hereby give permission to all physicians, related medical providers and any health care facility to secure and administer treatment, including hospitalization, for the Volunteer identified above.

Signature of volunteer or parent/guardian: \_\_\_\_\_  
Printed name: \_\_\_\_\_ Date \_\_\_\_\_

# St. Louis Family Church / Service International Volunteer Adult and Minor Waiver, Liability and Publicity Release

Project Name: \_\_\_\_\_

Project Dates: \_\_\_\_\_

I understand and agree on behalf of myself and my minor child, if applicable (adult and child volunteers are referred to as "Volunteer"), that all volunteer activities with Service International, Inc., St. Louis Family Church and their affiliated ministries (collectively referred to as "SI/SLFC") exposes Volunteer to certain risks, including the risk of illness, personal injury, death, loss or damage to personal property. Volunteer chooses to participate as a Volunteer with a clear understanding and acknowledgement of these risks. The SI/SLFC volunteer program includes, but is not limited to, on campus activities, domestic travel, disaster relief trips and activities, construction, demolition, entertainment and live performances and other SI/SLFC activities (collectively, any "Volunteer Program"). Volunteer hereby expressly accepts the responsibility of providing Volunteer's own health and accident insurance in the event of any illness, injury or death experienced during any Volunteer Program.

Volunteer understands and expressly agrees that SI/SLFC, their officers, directors, employees, sponsors, agents, assignees, shareholders, members, principals and volunteers (collectively referred to as "Released Parties") shall not be liable for any damages on account of injury to Volunteer's property, including by way of example and not by limitation, Volunteer's personal articles, tools, equipment, machinery and vehicles ("Volunteer's Personal Property"), injury to Volunteer or injury or occurrence resulting in the death of the Volunteer, which may occur as a result of Volunteer's own actions, inactions, or negligence, and/or from the actions, inactions, or negligence of the Released Parties, and/or from the condition of Volunteer's Personal Property or of any premises, facilities, personal articles, tools, equipment, machinery and vehicles belonging to any party, person or entity, including Volunteer's Personal Property, used while Volunteer participates in any Volunteer Program.

Volunteer assumes full responsibility for any injuries, damages or death which may occur to Volunteer during Volunteer's participation in any Volunteer Program. In consideration of being allowed to participate in any Volunteer Program, Volunteer does hereby fully and forever release, waive, discharge and covenant not to sue the Released Parties from all liability, including without limitation, injury to or loss of use of Volunteer's Personal Property, injury to Volunteer or death of Volunteer, injury or harm to Volunteer's personal representatives, assigns, heirs, and next of kin for any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, which Volunteer may have or accrue as a result of Volunteer's participation in any Volunteer Program whether caused by Volunteer's own actions, inactions, or negligence, or the actions, inactions, or negligence of the Released Parties, or the condition of any premises, facilities, vehicles or of any equipment used during any Volunteer Program. As a Volunteer in any Volunteer Program, Volunteer confirms that Volunteer is not participating as a duly elected representative nor as an employee of SI/SLFC.

Volunteer hereby agrees and consents that SI/SLFC, may use, without payment or other consideration Volunteer's picture, silhouette, likeness and voice, name, performance, interview and any transcripts and/or portions of any of the foregoing (collectively referred to as "Volunteer's Likeness") in any medium in connection with any Volunteer Program or SI/SLFC Projects (as defined below) in any respect. SI/SLFC may edit Volunteer's Likeness as deemed appropriate by SI/SLFC. Volunteer hereby agrees and consents that SI/SLFC, may use all or part of Volunteer's Likeness for use in SI/SLFC Projects including by way of example and not by limitation, any audiovisual recordings (including the manufacture and sale of audio video recordings), productions and or any derivative uses thereof or any other use for SI/SLFC (collectively referred to as "SI/SLFC Projects").

SI/SLFC shall have all right, title and interest in any and all results and proceeds, if any, from said use of Volunteer's Likeness. SI/SLFC is not obliged to make use of Volunteer's Likeness or exercise any of the rights

Over  
Please



in and to Volunteer's Likeness granted to SI/SLFC by this agreement. Volunteer hereby releases SI/SLFC and the Released Parties from any and all claims, including without limitation, libel, slander, or invasion of privacy or publicity rights with regard to Volunteer's Likeness or their use by SI/SLFC. The rights granted to SI/SLFC herein are perpetual, worldwide, and Volunteer understands SI/SLFC will incur substantial expense in reliance on this agreement.

Volunteer agrees that this agreement shall be governed by and construed in accordance with the laws of Missouri without regard to conflict of laws provisions. All disputes arising from any Volunteer Program, Volunteer's Likeness, SI/SLFC Projects or this agreement or its terms shall be brought in either the United States District Court for the Eastern District of Missouri or the St. Louis County Circuit Court. If any provision of this agreement or the application thereof is held invalid or unenforceable, the other provisions of this agreement will not be affected thereby.

I have carefully read and understand the Adult and Minor Health History and Authorization and Consent for Medical Treatment ("Health History and Consent"). I have completed the Health History and Consent accurately and completely. I agree to notify SI/SLFC in writing of any and all changes or modifications to Volunteer's Health History and Consent so that SI/SLFC shall at all times have accurate Health History and Consent information.

I have carefully read this agreement and understand its contents. I am aware this is a waiver and a release of liability and publicity, including any liability based upon the Released Parties' own negligence, and I sign it voluntarily.

Adult Volunteer Acknowledgement: I understand and expressly consent and agree to all waivers, releases and terms and conditions contained within this Adult and Minor Volunteer Liability and Publicity Release.

Adult Volunteer Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian Acknowledgement:** I understand and expressly consent and agree to all waivers, releases and terms and conditions contained within this Adult and Minor Volunteer Waiver, Liability and Publicity Release. I am aware that the Adult and Minor Volunteer Waiver, Liability and Publicity Release is a waiver and a release of liability and publicity on behalf of my minor child, \_\_\_\_\_, and I sign it voluntarily.

Parent Signature: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Child's Name and Age: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Service International**  
**Volunteer Authorization for Release of Background Information**

In connection with my application for volunteer service with Service International, I authorize Service International and/or their agent to solicit background information relative to my criminal record history. I understand that Service International may conduct inquiries into my background that may include criminal records, motor vehicle records, personal references, and other public record reports pertaining to me. When requested by an employer, motor vehicle records or a driving history may be obtained.

I authorize, without any reservation, any person, agency, or other entity contacted by Service International or their agent for purposes of obtaining background report information, to furnish the above-mentioned information.

I release Service International, their respective employees or agent, and employees of their agent and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

**PLEASE PRINT INFORMATION BELOW**

FULL LEGAL NAME \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

**Please note: Street address is required. P.O. box or rural route addresses are not sufficient.**

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

How long at this address? (Months/Years) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Thank you for applying to help in the organization Service International.