



WENDY MITCHELL MINISTRIES, INC.

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VOLUNTEER FORM

Name _____ SSN # _____ Date of Birth _____

Street Address (No P.O. Box) _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ E-mail _____

Emergency Contact _____ Relationship to Volunteer _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____ E-mail _____

Employer _____

Address _____

City/State/Zip code _____ / _____ / _____ Work Phone _____

PREVIOUS VOLUNTEER EXPERIENCE. List any and all volunteer experience you had within the past 10 years.

1. Name of Organization _____ From _____ To _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Director's Name _____

Your Position _____ Description of Duties _____

Why did you leave? _____

2. Name of Organization _____ From _____ To _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Director's Name _____

Your Position _____ Description of Duties _____

Why did you leave? _____

3. Name of Organization _____ From _____ To _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Director's Name _____

Your Position _____ Description of Duties _____

Why did you leave? _____

4. Name of Organization _____ From _____ To _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Director's Name _____

Your Position _____ Description of Duties _____

Why did you leave? _____

5. Name of Organization _____ From _____ To _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Director's Name _____

Your Position _____ Description of Duties _____

Why did you leave? _____

6. Name of Organization _____ From _____ To _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Director's Name _____

Your Position _____ Description of Duties _____

Why did you leave? _____

7. Name of Organization _____ From _____ To _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Director's Name _____

Your Position _____ Description of Duties _____

Why did you leave? _____

8. Name of Organization _____ From _____ To _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Director's Name _____

Your Position _____ Description of Duties _____

Why did you leave? _____

9. Name of Organization _____ From _____ To _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Director's Name _____

Your Position _____ Description of Duties _____

Why did you leave? _____

10. Name of Organization _____ From _____ To _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Director's Name _____

Your Position _____ Description of Duties _____

Why did you leave? _____

EDUCATION. Check all that apply.

High School Diploma ___ GED ___

Vocational School _____ Name/Address of School _____

Dates of Attendance _____ Degree _____

College _____ Name/Address of School _____

Dates of Attendance _____ Degree _____

LANGUAGE SPOKEN. List all languages you speak.

PHYSICAL LIMITATIONS List all physical limitations.

VOLUNTEER OPPORTUNITIES. Please check your area(s) of expertise or interest.

Missions _____ Events _____ Administration _____ Finance _____
Publicity _____ Information Technology _____ News Letter/Magazine _____

Please describe your training or experience pertaining to the area of expertise you've selected. Use plain bond paper if more space is needed.

List the specific days and times you are available _____

How did you hear about Wendy Mitchell Ministries, Inc.? _____

Have you ever been convicted of a crime? _____ If yes, please provide a description of any and all criminal convictions or offenses. Be sure and list states as accurate as possible. If more space is needed, please use plain bond paper.

List all Certifications such as First Aid and CPR and any other certifications related to the position you are applying for.

_____ Expiration Date _____

_____ Expiration Date _____

_____ Expiration Date _____

_____ Expiration Date _____

_____ Expiration Date _____

Do you have a valid driver's license? ____ If so, please provide number, expiration state and State your license was issued. _____ / _____ / _____

REFERENCES

Please provide at least three references. One personal and two professional (Your references can not be relatives.)

NAME	ADDRESS/ZIP CODE	PHONE	EMAIL ADDRESS
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1. _____

2. _____

3. _____

What is your reason for volunteering in WMMI? _____

DISCLAIMER

I certify that the information provided in this application is true and correct to the best of my knowledge. I give my approval and consent that my current employer and persons given as references may respond to a verbal or written request for more information by WMMI. I am willing to undergo an interview, background check/screening, trial period and if applicable, training prior to beginning volunteer work with WMMI. I will sign WMMI's Confidentiality Agreement. Should I encounter any questions or inquiries pertaining to WMMI, it's staff, events, contributors, etc., I will refer such questions/inquiries to the President or executive staff of WMMI. Furthermore, should WMMI request my medical information to insure that I am healthy enough to volunteer and I don't pose a health risk to the staff or participants in events, I will provide that information and or sign a release of medical information form which will be submitted to my health care provider or medical doctor. I understand that my application and all information contained herein will be held in strict confidence by WMMI and will not be released to any outside party without my consent.

Print Your Name

Date

Your Signature

RELEASE AND AUTHORIZATION OF PHOTOGRAPH USE

I, the undersigned do hereby release consent and agree that Wendy Mitchell Ministries, Inc. (WMMI) and its affiliates may take photographs, video-tapings, or digital recordings of me during this event. I do hereby grant and r WMMI and its affiliates all rights and privileges to exhibit this work in print and electronic form publicly or privately. I understand that my pictures will be used in the advertising on WMMI's website for future neighborhood walks, forums, workshops WMMI's end of year accomplishments and other events hosted by WMMI where the display of my photographs are applicable. I understand that there will be no financial obligations or payments due to me from WMMI for recording or photographing me for initial and subsequent transmission or playback. I hereby forever release and discharge WMMI from any and all claim, actions and demands arising out of or in connection with the use of my photographs, including without limitation, and all claims for invasion of privacy and libel. This release shall inure to the benefit of the assigns, licenses and legal representatives of WMMI.

Please check One:

____ I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

____ I represent that the subject of the photograph(s) is a minor and that I am the parent of the minor. I have read the foregoing and fully and completely understand the contents.

Parents must sign, if the participant is a minor

Participant or Parent's signature (If minor)

Date

