



## VOLUNTEER APPLICATION

For Office Use Only

Date Received \_\_\_\_\_

Contacted \_\_\_\_\_

Assigned \_\_\_\_\_

(Mr/Miss/Mrs) \_\_\_\_\_ Date \_\_\_\_\_  
(individual or contact person for group)

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Do you attend church regularly?  Yes  No Pastor's Name \_\_\_\_\_

Church \_\_\_\_\_ Group Name if Applicable \_\_\_\_\_

Please describe any previous volunteer work experiences. \_\_\_\_\_

Please describe any educational or work experience you have that might be a valuable addition to the ministry: \_\_\_\_\_

**A S.L.E.D. screening process is required for anyone who volunteers directly with children.**

### Departments of Interest:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Boys' Shelter    | <input type="checkbox"/> Greenville Rescue Mission | <input type="checkbox"/> Shepherd's Gate |
| <input type="checkbox"/> Children's Home  | <input type="checkbox"/> Thrift Operations         | <input type="checkbox"/> Relief Ministry |
| <input type="checkbox"/> MHRM-Spartanburg | <input type="checkbox"/> MHRM-Cherokee County      | <input type="checkbox"/> Administration  |
| <input type="checkbox"/> Renewal          | <input type="checkbox"/> Overcomers                | <input type="checkbox"/> Development     |

Do you prefer  short-term or  on-going assignments?

Days and times you are available: \_\_\_\_\_

### Areas of interest:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> sorting food   | <input type="checkbox"/> maintain supply closet | <input type="checkbox"/> devotions/Bible classes* | <input type="checkbox"/> tutoring            |
| <input type="checkbox"/> office support | <input type="checkbox"/> maintenance            | <input type="checkbox"/> decorating               | <input type="checkbox"/> retail/thrift store |
| <input type="checkbox"/> recreation     | <input type="checkbox"/> special events         | <input type="checkbox"/> cooking/serving meals    | <input type="checkbox"/> transportation      |
| <input type="checkbox"/> crafts         | <input type="checkbox"/> yard work              | <input type="checkbox"/> collecting supplies      |  |

\* special training required

(over please)

**Teaching classes:** GED tutoring, nutrition/cooking, music lessons, parenting, literacy, crafts, money management.

Other \_\_\_\_\_  
\_\_\_\_\_

I wish to volunteer at Miracle Hill Ministries because \_\_\_\_\_  
\_\_\_\_\_

**The following section must be completed by volunteers desiring to work directly with the children for the purpose of a S.L.E.D. check:**

Date of Birth \_\_\_\_\_

Driver's License# \_\_\_\_\_ Commercial Driver's License \_\_\_\_\_

**References:** (list three people not related to you)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe any medical conditions that may pose a health or safety risk to you as a volunteer. Is there need for special accommodations due to this limitation?

\_\_\_\_\_  
\_\_\_\_\_

**Miracle Hill Ministries**  
**Mission Statement**

Miracle Hill exists to ensure those persons most in need receive food, shelter, and compassion, while hearing the gospel of Jesus Christ and becoming productive members of society.

***To the best of my knowledge, all the information provided on this form is correct. I understand that Miracle Hill Ministries carefully screens volunteers that interact with children through S.L.E.D. and D.S.S., and I agree to the screening process. I also understand that if I choose to have direct interaction with clients I will be required to abide by the standards, policies, and procedures set forth by Miracle Hill Ministries and the department in which I work.***

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*