**ECHO His Love**

**Volunteer Application**

**Personal Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Name (First) (Middle) (Last) Birth date

🞏 Ms. 🞏 Mrs. 🞏 Mr. 🞏 Rev. 🞏 Dr. 🞏 Other\_\_\_\_\_\_\_ Preferred Nickname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street Address Apartment Number

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

City State Zip Code

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

Home Phone Number Business Phone Number Other Phone Number

I prefer to receive calls at: 🞏 Home 🞏 Business 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address

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

Emergency Contact Name Telephone Number Relationship

**Church Information and Reference**

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

Church Name Denomination

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

Pastor’s or Church Leader’s Name Phone Number

**Volunteer Information Please check areas of interest:**

Ministry Support

* Car repair
* Home repair
* Appliance repair
* Yard work/snow removal
* Help with household chores
* Furniture delivery helper
* Deliver Furniture (must have own vehicle)
* Provide medical transportation
* Emergency Childcare
* Knit/Crochet
* Special Events

Clearing House Support

* Prayer Coordinator
* Pray at home for ECHO His Love
* Pray with ECHO His Love at office
* Office/clerical support
* Answer phones/ do client intakes

Family Life Center Support

* Help in kitchen: cook or clean-up
* Help with child care
* Resource Room helper
* Become a Family Mentor
* Teach a class on \_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Yes 🞏 No Resident of Michigan over 10 years

How did you learn about this volunteer opportunity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

When are you available (dates and times)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Apostles’ Creed**

**I believe in God, the Father Almighty, Creator of heaven and earth. I believe in Jesus Christ, His only Son, our Lord. He was conceived by the power of the Holy Spirit and born of the Virgin Mary. He suffered under Pontius Pilate, was crucified, died, and was buried. He descended to the dead. On the third day He rose again. He ascended into heaven, and is seated at the right hand of the Father. He will come again to judge the living and the dead. I believe in the Holy Spirit, the holy Christian Church, the communion of saints, the forgiveness of sins, the resurrection of the body, and the life everlasting. Amen.**

**Confidentiality Statement**

I agree to take extreme care to protect the confidentiality of all individuals (clients, volunteers, staff, donors, etc.) and churches involved in the ECHO His Love ministry. I will hold any information obtained by me or to which I have access in the strictest confidence. I will not disclose or discuss information regarding any individual or church to anyone other than the appropriate ECHO His Love personnel.

**Statement of Truth and Understanding**

I attest that all information contained in this volunteer application is true. I understand that all ECHO His Love volunteer positions are “at-will”. Furthermore, I authorize ECHO His Love to utilize this information to verify my references and/or perform a background check for the volunteer position if required. I, the undersigned, hereby give ECHO His Love, and/or its assigns, permission to: publish copyright, distribute and/or display photographic images of me taken while volunteering.

I understand that ECHO His Love is a Christian organization whose mission is to mobilize the local church to transform lives in Manistee and Benzie counties in the name the Jesus.

**Volunteer Release of Liability**

I, the undersigned, my heirs, successors and assigns release and forever discharge ECHO His Love, its successors and assigns from any and all actions, causes of actions, suits, damages, judgments, executions, and demands for, upon, or by reason of any damage, loss, personal injury, property damage, claims and demands whatsoever, in law or equity or otherwise, which heretofore have been or which hereafter may be sustained by me, my heirs, personal representatives, successors or assigns, as a consequence of volunteering my time and/or services to or at ECHO His Love, in any capacity whatsoever, at any location associated therewith.

**Signature**

By my signature I certify that I have read the forgoing: Apostles’ Creed, Confidentiality Statement, Statement of Truth and Understanding, and Volunteer Release of Liability Statement, fully understand them, and voluntarily and freely execute same.

Volunteer Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Volunteer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give permission for him/her to volunteer for ECHO His Love.

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required if volunteer is under 18 years old

Witnessed Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_