**VOLUNTEER APPLICATION**

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_Male \_\_\_\_\_\_\_Female

Physical Limitations: \_\_\_\_\_\_\_\_\_\_No \_\_\_\_\_\_\_\_\_\_\_Yes

Describe Physical Limitations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are you a Christian?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been a Christian?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe your salvation experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Church Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the hours you are available for volunteering:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Morning** |  |  |  |  |  |  |  |
| **Daytime** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |

Why are you interested in volunteering with Pierced Ministries?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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What are your values and beliefs and how do they align with the values and beliefs of Pierced Ministries?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Check the areas in which you are interested in volunteering:

\_\_\_\_Thrift Store \_\_\_\_Fundraising/Events

\_\_\_\_Counseling \_\_\_\_Family Advocate

\_\_\_\_Mentoring \_\_\_\_Work Skills Training

\_\_\_\_Teaching \_\_\_\_Lawncare/Maintenance

\_\_\_\_Prayer Team \_\_\_\_House Manager

Check the skills that you have:

\_\_\_Ability to lead and train \_\_\_\_Fundraising

\_\_\_Sensitive to Holy Spirit’s leading \_\_\_\_Compassion

\_\_\_Relates well to people \_\_\_\_Life Coaching

\_\_\_Organizational skills \_\_\_\_Intercessory Prayer

\_\_\_Good Communication \_\_\_\_Active Listening

\_\_\_Able to multi-task \_\_\_Talking to others to convey information effectively

\_\_\_Networking \_\_\_\_Problem-Solving Skills

Are you volunteering to complete an internship? \_\_\_\_\_Yes \_\_\_\_\_No If yes, please complete the following.

\_\_\_\_\_\_\_\_I am currently enrolled at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College/University and am a

\_\_\_\_\_Freshman \_\_\_\_\_Sophomore \_\_\_\_\_Junior \_\_\_\_\_Senior.

\_\_\_\_\_\_\_I am a graduate student at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College/University.

Number of volunteer/internship hours needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Projected completion date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Are you volunteering to complete required community service hours? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please complete the following.

\_\_\_\_\_\_\_\_\_\_\_\_Number of community service hours needed.

\_\_\_\_\_\_\_\_\_\_\_\_Date by which community service hours are needed.

Please supply any required information about where your community service letter is to be sent, including any case number that must be included.

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

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Please provide 3 of your most recent volunteer experiences:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Organization** | **Duration of Volunteering**  **Start Date End Date** | | | |
|  |  | | |  |
| **Responsibilities** | | | | |
| **Name of Organization** | **Duration of Volunteering**  **Start Date End Date** | | | |
|  |  | |  | |
| **Responsibilities** | | | | |
| **Name of Organization** | **Duration of Volunteering**  **Start Date End Date** | | | |
|  |  |  | | |
| **Responsibilities** | | | | |

Have you ever been convicted of a crime?\_\_\_\_\_\_\_\_\_\_No \_\_\_\_\_\_\_\_\_\_\_\_\_Yes

If Yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have a valid Driver’s License? \_\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_No

Do you have infractions on your driving record? \_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

Do you have a vehicle that you would be willing transport others in?\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No

Please provide reference information for us:

1.Pastor’s Name (required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Any of these products containing alcohol are not allowed:**

Mouth Wash Hand Soap Hand Sanitizers Hand Lotion

Deodorant/Antiperspirants Facial Cleansers/Toners/Moisturizers Cologne

Hair Coloring Shampoo Health Products Iodine Rubbing Alcohol

Cough Syrup Throat Lozenges Throat Spray Nyquil

Decongestants Antacids Vitamins Perfume

Fingernail Polish Remover Breath Mints Extracts

Flavorings Glazes Cooking Wine Liquid Containing Desserts

Fermented Vinegar

*Due to the sensitive nature of the volunteer/ministry roles within Pierced Ministries & Rehab Services, Inc., it may be necessary to perform drug tests. By signing below, you hereby give consent to any drug tests deemed necessary by management. You further agree that any failed drug test can be reason for you to be suspended from volunteer/ministry duties.*

Volunteer Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please complete and email to: admin@pierced4me.org

Fax to: 336-905-7136

Or mail to: PMRS

P.O. Box 4669

High Point NC 27263

|  |
| --- |
| OFFICE USE ONLY  Date Rec’d\_\_\_\_\_\_\_\_Interview Date\_\_\_\_\_\_\_\_\_Training Date\_\_\_\_\_\_\_\_\_Start Date\_\_\_\_\_\_\_\_\_\_\_  Applicant was \_\_\_\_\_\_\_\_\_\_\_\_\_\_Accepted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Denied  Volunteer Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for Denial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

REV. 1/19

Please keep this page for your information.

**How to refer someone to Pierced Ministries**

Refering someone to Pierced Ministries is simple.

First, we need to get an application to the person.

There are different ways to go about doing so. They can call: 336-307-3899 or 336-340-2218 and request an application.

They can email [admin@pierced4me.org](mailto:admin@pierced4me.org) or [alice@pierced4me.org](mailto:alice@pierced4me.org) and ask for an application.

If the person is in the Archdale area, they can go by the Pierced Ministries Thrift Store at

10106 S. Main St., Archdale and pick up an application there and fill it out.

Once the application is filled out and returned, we can talk to the applicant further to see if we are a good fit for them. Even if we are already to capacity, it is still important for the application to be filled out. We can put the person on a waiting list or refer them to another facility. If someone wants help, we want to make sure they get the help they need.

If you have any other questions or concerns about the application process for Pierced Ministries, please feel free to contact us!