



EQUIPPING GOD'S PEOPLE
FOR A FINISHED WORK!

www.endtimeslikethese.org

Volunteer Application and Agreement Form

Contact Information

Last Name: _____ First Name: _____ Date: _____

*Name of Parent or Guardian if under 18 years:

Date of Birth: _____ Email Address: _____

Address: _____

Telephone Number: Home _____ Cell _____

Emergency Contact Information

Emergency Contact's Last Name: _____ First Name: _____

Emergency Contact's Relationship: _____ Telephone Number: _____

Availability

Sunday _____ Hours Tuesday _____ Hours Wednesday _____ Hours

Thursday _____ Hours Friday _____ Hours

Interests

In which areas are you best suited to volunteer?

- Bible Work
- Canvassing
- Clerical
- Community Outreach
- Graphic Design
- I.T. (Information Technology)
- Fundraising
- Marketing
- Health Ministry
- Facility Maintenance

Skills & Experience

Please describe your prior experience that applies to this position:

Organization Name: _____ Mo/Yr. _____ to Mo/Yr. _____

Skills: _____

Organization Name: _____ Mo/Yr. _____ to Mo/Yr. _____

Skills: _____

Check computer programs experience:

Microsoft Word ___ Microsoft Excel ___ Microsoft PowerPoint ___
 Microsoft Access ___ Microsoft Publisher ___ One Drive ___
 Google Drive ___ QuickBooks ___

Social Media ___ List sites _____

Ministerial Education/Training

Organization Name: _____ Mo/Yr. _____ to Mo/Yr. _____

What type of training? _____

Organization Name: _____ Mo/Yr. _____ to Mo/Yr. _____

What type of training? _____

What other experiences, training, skills and education have you had that may prepare you to work in the area(s) you desire to volunteer?

Background Check

Have you ever been convicted of a crime? If yes, please explain the nature of the crime and the date of the conviction and disposition. Conviction of a crime is not an automatic disqualification for volunteer work.

End Times Like These Ministries reserve the right to do a background check.

I agree to have a background check.

References

Please list three people, not related to you who have knowledge of your qualifications.

Church Officials	Name/Organization	Years Known	Phone Number
Pastor			
Pastor			
Church Elder			

Please list three people, related to you who have knowledge of your qualifications.

Name	Relationship	Phone Number

Agreement

As a volunteer for End Times Like These Ministries, Inc., I agree to abide by all applicable rules and regulations of this organization. I understand that I will receive no monetary benefits in return for my volunteer service and that End Times Like These Ministries may terminate this agreement at any time without prior notice for any reason. I hereby authorize End Times Like These Ministries to check my references, and I understand that a criminal background check may be done at the discretion of the organization.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with at least one of the on site management members.

I hereby release and waive liability against End Times Like These Ministries, Inc., a non-profit organization, its directors, officers, personnel, its successors, and agents/organization associated with End Times Like These Ministries, for any injuries or illness that I myself or my dependents may suffer in connection with any volunteer work for End Times Like These Ministries. Further, I agree that End Times Like These Ministries, Inc., is not liable for any damage to my property or my dependent's property resulting from volunteer work for End Times Like These Ministries. I agree that this release is as broad and inclusive as permitted by the laws of the State of California.

Volunteer Signature: _____ **Date:** _____

To submit application

Mail: END TIMES LIKE THESE MINISTRIES, INC PO BOX 426 MOORPARK, CA 93020

Email: admin@endtimeslikethese.org

Fax: 818 549-4151