Volunteer Application

Personal Information

_____ _____ / _____

Name (First) (Middle) (Last) Birth Month Day

☐ Ms. ☐ Mrs. ☐ Mr. ☐ Rev. ☐ Dr. ☐ Other _____ Preferred Nickname _____

_____ _____ _____ _____ _____

Street Address Apt. Number City State Zip Code

_____ _____ _____ _____

Home Ph. Number Cell Ph. Number Business Ph. Number E-mail Address

I prefer to receive calls at: ☐ Home ☐ Cell ☐ Business

Church Information and Reference

_____ _____

Church Name Denomination

_____ _____

Pastor's or Church Leader's Name Phone Number

Volunteer Information

How did you learn about this volunteer opportunity?_____

Availability (list days and times you are available): _____

_____

Personal Information

SPECIAL INTEREST / PASSION / SKILLS / EXPERIENCE: _____

_____

Photo and Video Release Authorization

I hereby grant Love INC permission to publish photographs/videos taken of me for editorial, advertising, and promotional purposes.

_____ (initial) / _____ **(signature of parent/guardian if applicant is under 18)**

Love INC of Greater Canton 111 E 6th Street, Canton, SD 57013 Ph. # 605-764-0453 E-mail: info.loveinccanton@gmail.com

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 catholic Church, the communion of saints, the forgiveness of sins, the resurrection of the body, and the life everlasting. Amen.

Commitment Statement

1. I am a Christian seeking to serve "in the name of Christ."
2. I will uphold the mission, vision, and core values of Love INC.
3. I will work in concert with all partner churches in fulfilling the mission, vision, and core values of Love INC.

Confidentiality Statement

- Anyone who is not involved with Love INC should not have a chance to overhear any conversation about neighbors in need.
- In the spirit of unity, conversation regarding theology and church doctrine does not take place in the Love INC community.
- Political conversation and personal beliefs will take place ONLY outside of the Love INC building and after hours of operation.

I agree to take extreme care to protect the confidentiality of all individuals (clients, volunteers, staff, donors, etc.) and churches involved in the Love INC 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 Love INC personnel.

Signature Today's Date

love in the name of Christ | Greater Canton

Emergency Information

In order to maintain accurate personnel records, please complete the following emergency information sheet. Love INC wants to help you in any way possible should a personal emergency arise. One such way of helping would be to contact a family member or a friend for you. Also, as a future reminder, should your address or phone number change at any time, please let us know. Thank you in advance for your cooperation.

Name _____

Address _____

_____

Phone _____(Home) _____(Cell)

In Case of Emergency, Please Notify:

Name _____ Relationship _____

Address _____ Home Phone _____

_____ Cell/Work Phone _____

If Above Person Cannot be Reached, Please Notify:

Name _____ Relationship _____

Address _____ Home Phone _____

_____ Cell/Work Phone _____

Release and Waiver of Liability Form

I recognize that there are risks involved in volunteering and hereby assume all risk of injury, harm, damage, contraction of a communicable disease or death in connection with my participation in volunteering with Love In the Name of Christ of Greater Canton (noted hereafter as just "Love INC"). I understand and agree that neither Love INC nor its trustees, officers, directors, employees, agents, or representatives may be held liable in any way for any injury, harm, damage, contraction of a communicable disease or death, which may occur while I am participating in the activity. To the fullest extent permitted by law, I agree to save and uphold harmless Love INC, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in volunteering or other activities with Love INC.

I authorize Love INC through its trustees, officers, directors, employees, agents, or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in this activity.

I understand and acknowledge that Love INC does not provide health or medical insurance or coverage in connection with activities, and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility that might be needed.

Adult Signature *(sign here if adult is the volunteer)* Date

Adult Print Name Phone

Minor Child Print Name (parent/legal guardian signature required age <18) Date

Parent/ Guardian of Minor Child Signature *(if Minor Child is the volunteer)* Date

Parent/ Guardian of Minor Child Printed Name Phone

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