



Volunteer Application

Thank you for interest in volunteering with South Street Ministries

Contact Information	
Full Name	
Former or Maiden Name	
Current Address	
City, State and ZIP Code	
Direct Phone (Home or Cell)	()
Alternate Phone (Work, Cell, Etc.)	()
E-mail Address	
Current Employer	
Position	
Any Special Skill or Talent that would benefit our organization?	
Are you a past volunteer?	_____ If yes, when and for which program? _____

Background Information

Date of Birth	
Ethnicity	
Social Security Number (Required)	
Driver's License/ State ID	

Have you ever been convicted of any crime? YES NO
 If yes, please explain the crime, verdict, and outcome in full.

Area of Interest to Volunteer

Please check all that apply:

After-School	Mon ____ to ____ Wed ____ to ____	Tue ____ to ____ Thu ____ to ____
Summer Program	Mon ____ to ____ Wed ____ to ____	Tue ____ to ____ Thu ____ to ____
Bike Shop	Mon ____ to ____	Wed ____ to ____
Teen Studio	Mon ____ to ____	Wed ____ to ____
Open Gym	Thu ____ to ____	

Emergency Contact Information

Contact Name	
Relationship	
Street Address	
City, State ZIP Code	
Direct Phone	
Alternate Phone	
E-mail Address	
Do you have any physical limitations? Please list.	
Any Relevant Emergency Medications that South Street should be aware of? (EPI Pens, Inhaler, etc.)	

Publicity Release Agreement

I give my permission for the use of photographs and video taken of me during the hour(s) of my volunteer experience with South Street Ministries. These photographs may be used to describe South Street Ministries' programs in any proposals or presentations in any form, including slides, news articles, or websites. Only first names will be used in any publication, and no volunteer's personal details will be published unless express permission is granted by said volunteer. My permission is given without restriction. I hereby relinquish all rights to the final use of any media published in the name of South Street Ministries that contains my image, voice or likeness.

Check One: Y NO

Agreement and Signature

During my time as a volunteer with South Street Ministries, I agree to abide by all of the policies and procedures of the organization. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Check One: YES NO

I hereby certify that all the answers given by me to all of the questions on this application and any attachment are true, and that I have not withheld any applicable information in response to the questions asked. I understand that presentation of inaccurate information or false information submitted in connection with this application may result in denial or immediate cessation of volunteer opportunities or responsibilities.

Check One: YES NO

I hereby agree that in the course of considering my application, South Street Ministries may make inquiry to acquire information concerning my background as a measure to determine my suitability as a volunteer for the organization.

Check One: YES NO

Signature _____ Date _____

Thank you, again, for your interest in volunteering with South Street Ministries!