

**FOR OFFICE ONLY:**

Appl Rec'd in office, Date: \_\_\_\_\_

Genl Orient Date \_\_\_\_\_

OR

Specific Program Orientation by \_\_\_\_\_

BG \$5 Paid? \_\_\_\_\_ Date \_\_\_\_\_

BG Process Date \_\_\_\_\_ by \_\_\_\_\_



**VOLUNTEER APPLICATION**

(PG 1 OF 2)

**PERSONAL DATA**

**CLEARLY PRINT:** Name \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell phone # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

**CURRENT** (residing) Address: \_\_\_\_\_ City \_\_\_\_\_

ST \_\_\_\_\_ Zip \_\_\_\_\_ EMAIL \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone# \_\_\_\_\_  
Relationship? \_\_\_ Spouse \_\_\_ Other Relative \_\_\_ Friend

Emergency contact: \_\_\_\_\_ Phone# \_\_\_\_\_  
Relationship? \_\_\_ Spouse \_\_\_ Other Relative \_\_\_ Friend

Any medical or physical concerns that would affect your volunteer performance? \_\_\_ if yes, explain:

**LEVEL OF EDUCATION-**

\_\_\_\_\_ Completed College education @ \_\_\_\_\_ Degree: \_\_\_\_\_ Mo/Yr: \_\_\_\_/\_\_\_\_

\_\_\_\_\_ Currently in college. College: \_\_\_\_\_ **When will you graduate?** Mo/Yr: \_\_\_\_/\_\_\_\_

\_\_\_\_\_ High School: \_\_\_\_\_ Year graduated: \_\_\_\_\_ OR \_\_\_\_\_ GED--Year completed: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE-**

Current Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Position/Tasks \_\_\_\_\_ Mo/Year employed? \_\_\_\_\_

Prior Employer \_\_\_\_\_ When? \_\_\_\_\_

**GENERAL-**

Besides English, do you speak any other language? \_\_\_\_\_

Community Affiliations (Clubs, Fraternity, Sorority, Service organizations etc.)? \_\_\_\_\_

Do you consider yourself a Christian? \_\_\_ Yes \_\_\_ No--- *You are still welcome to apply for volunteering if you are not a Christian, provided you do not speak negatively or act against the Christian message and ethics. We can discuss volunteer options at orientation.*

Active in a local church? \_\_\_ If yes, which church? \_\_\_\_\_

Any legal convictions? \_\_\_\_\_

**Criminal background check is conducted on all inquiries. Please pay \$5 fee when submitting this application.**

**VOLUNTEER INFORMATION**

Where have you volunteered in past year?	Agency and responsibility	Dates of Volunteering
_____	_____	_____
_____	_____	_____

Why do you wish to volunteer at Mission Waco? \_\_\_\_\_

Is volunteering an academic requirement? Organization? Court-ordered?

\_\_\_ NO \_\_\_ YES → Class name/school: \_\_\_\_\_ OR Org. name: \_\_\_\_\_

OR Details of violation \_\_\_\_\_

Do you have Friends/relatives affiliated with Mission Waco? \_\_\_ If yes, who? \_\_\_\_\_

**Programs of interest: write your "1st", "2nd", "3rd" by program (s) of choice:**

- \_\_\_ Children After-School (3-6pm)
- \_\_\_ Youth (2-hr commitment)
- \_\_\_ Adult Social Svc, The Meyer Center
- \_\_\_ Friday Morn Breakfast
- \_\_\_ Clerical (w/ky or mo.)
- \_\_\_ The Clothesline (resale shop) / Voucher Center (Soc.Svc.)
- \_\_\_ Children's Kid's Café (4-6pm)
- \_\_\_ Urban Expressions (Children/Youth Visual Arts, 1-2 hr)
- \_\_\_ Meyer Center Breakfast (Mon-Thur, 6-7:30am)
- \_\_\_ Health Clinic (Premed/Prenursing/Soc.Svc./professional)
- \_\_\_ Light Maintenance/Outdoor (volunteering w/ paid staff)
- \_\_\_ Jubilee Food Market
- \_\_\_ King's Club (Sat, 10-noon)
- \_\_\_ Jubilee Theatre (Performing Arts for children/youth)
- \_\_\_ My Brothers' Keeper Chapel (nights only)
- \_\_\_ Special Projects (on call)
- \_\_\_ World Cup Cafe (Food Handler's Cert required)
- \_\_\_ Urban R.E.A.P. project (Renewable Energy & Agriculture Project)

\_\_\_ **Mission World** (needs determined by Director, must have participated in our Poverty Simulation Weekend to volunteer in our Mission World program)

*We try to accommodate 1<sup>st</sup> and 2<sup>nd</sup> choices. Most programs have various or limited hours of operation (review the Vol. Placement Needs)*

*No overnight volunteering. The Sat/Sun option depends on specific program.*

**Indicate best day(s) and best time(s) to volunteer:**

Day(s): Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_

Time of Day: Early Morn \_\_\_ Mid Morn \_\_\_ Afternoons \_\_\_ Evenings \_\_\_

*Transportation is your personal responsibility. Mission Waco cannot provide transportation for volunteers.*

**OVER**



**VOLUNTEER APPLICATION** (CONTINUED)

**Read and Sign:**

**I UNDERSTAND THAT I MUST SIGN THE REQUIRED LIABILITY STATEMENT AND THAT A CRIMINAL BACKGROUND AUTHORIZATION IS ALSO REQUIRED, AS PART OF THE PRELIMINARY INQUIRY.**

**I ACKNOWLEDGE THE INFORMATION ON THIS APPLICATION TO BE TRUE AND ACCURATE. MY SIGNATURE BELOW ALSO ACKNOWLEDGES THAT I WILL FOLLOW THE LEADERSHIP AND GUIDELINES OF MISSION WACO, MISSION WORLD, INC. AND WILL UPHOLD CHRISTIAN VALUES AND ETHICS. I ALSO UNDERSTAND THE MISSION WACO STAFF HAS THE FINAL DECISION WHETHER OR NOT TO INVITE ME TO VOLUNTEER.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Today's Date**

**RELEASE LIABILITY STATEMENT FORM**

**Read and Sign:**

I understand the Mission Waco, Mission World, Inc.'s goal is to provide Christian programs and activities that enhance maturity and development. I will comply with the policies and expectations of volunteers and will support and respect the authority of those providing leadership and supervision.

For and in consideration of the right provided me to participate in the Volunteer Program at Mission Waco/Mission World, Inc. (MWMW), I hereby release, hold harmless and indemnify MWMW, its directors, employees, agents and/or associates from and against any and all claims, losses, costs and/or expenses which might arise as a result of my participation in the Volunteer Program, unless the event giving rise to the claim is caused solely by the negligence of MWMW.

My signature affirms that I will be responsible for any damage or loss to physical property or expenses incurred due to my negligent or irresponsible behavior. I further release, hold harmless indemnify MWMW from and against any and all claims, losses, costs and/or expenses for sickness or disease which I may contract as a result of my participation in the Volunteer Program, regardless of whether MWMW is negligent in allowing me access to its facilities and programs. I knowingly elect to participate as a volunteer at my own risk.

In case of emergency, I hereby give permission to MWMW to render first aid or to take me to an available treatment facility for medical care; to give the treatment facility permission to provide necessary medical services. I accept any financial responsibility for said services as rendered by the treatment facility and medical staff.

I also understand that I am not, nor will I be, considered to be an employee of MWMW and thus have no expectation of nor will receive any remuneration or any other benefit of employment for my participation as a volunteer in the MWMW Volunteer Program., specifically including coverage under MWMW's workers' compensation program.

This Liability Release is binding on me and my beneficiaries, successors and assigns. Any changes will be submitted in writing, bearing my original and dated signature.

**Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Print Name in Full** \_\_\_\_\_

=====

**IF ABOVE-NAMED IS UNDER 18 YEARS OF AGE,**  
**I HEREBY CONSENT TO THE ABOVE VOLUNTEER RELEASE LIABILITY.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name in Full \_\_\_\_\_

Report Satisfactory \_\_\_\_\_ Incomplete \_\_\_\_\_  
Date: \_\_\_\_\_

\$5 Fee Paid \_\_\_\_\_  
Date: \_\_\_\_\_

**One-time PROCESSING FEE OF \$5.00**

**Volunteer Services - Background Check Authorization / Release Form**

I hereby authorize Mission Waco, Mission World, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment or volunteer purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Mission Waco, Mission World, Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Mission Waco, Mission World, Inc. the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

Today's Date: \_\_\_\_\_ Driver's Lic # \_\_\_\_\_ State Issued \_\_\_\_\_  
(provide ONLY if you would like to be a Driver in MW program)

**PRINT Last Name** \_\_\_\_\_ **PRINT First Name** \_\_\_\_\_ **PRINT Middle Initial** \_\_\_\_\_

Maiden and/or Other Last Names Used in past years \_\_\_\_\_

**Current Local Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **and Zip Code** \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Date of Birth** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Social Security Number (required)** **Circle One:** **Male / Female**

**Must provide Social Security# --Exception may be for international students.**  
**Paperwork is stored in padlocked file cabinet, and micro-shredded when no longer active.**

**\*\*YOUR EMAIL:** \_\_\_\_\_ **\*\***  
*(your email will be added to our monthly E-News database)*

**Permanent (HOME) Mailing Address:** \_\_\_\_\_ **Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Any other permanent addresses during past 3 years, if applicable:

**From:** \_\_\_\_\_ (Mo/Yr) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Zip)  
**From:** \_\_\_\_\_ (Mo/Yr) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Zip)

**Students: "PERMANENT" is your home mailing address --- if different from your current address.**

**Your Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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**NOTICE TO CALIFORNIA RESIDENTS:**

If you would like a copy of your background information obtained by backgroundchecks.com, please indicate by checking the following box: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**California, Minnesota and Oklahoma Residents Only:**

If a consumer credit report is ordered, would you like a free copy of report mailed to your home? YES NO

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_