INSPIRATION®
MINISTRIES

Devoted to Serving People with Disabilities

Volunteer Application

Legal Name: _____

Address: _____

City, State, Zip: _____

Home Phone: (_____)_____ Cell Phone: (_____)_____

Best Time to Call: _____ E-mail Address:_____

Date of Birth: _____ Social Security Number:_____

Driver's License Number: _____ State: _____

Why would you like to volunteer?_____

_____

Are you affiliated with a local church? Yes No (circle one) If yes, what church do you attend?

Name of Church:_____

Address: _____

Do you have experience working with people with disabilities? Yes No (circle one)

Volunteer Interests

How much time would you like to commit to volunteering at IM?
_____ Regular involvement __ Weekly ___ Biweekly ___Monthly

_____ Occasional (special events, seasonal)

Work Locations: _____ Camp _____ Main residence _____Resale Shop
_____ Work Center _____Mktg/Development _____ Maintenance

(please turn over and complete the other side)

What volunteer task(s) interest you most?

_____ Camp counselor for adults w/ disabilities _____ Aquatic fitness _____ Music

_____ Games/Activities _____ Housekeeping _____ Maintenance _____ Driving

_____ Shopping Assistant _____ Food Service (washing dishes, set up and clean up)

_____ Arts & Crafts _____ Nursing __ RN __ LPN __ CNA _____ General Office

_____ Job Coach _____ Live Skills Coach _____ Other (explain) _____

References

Please provide names and contact information for two references:

Name: _____ Phone: (_____)_____

Relationship: _____ Email: _____

Name: _____ Phone: (_____)_____

Relationship: _____ Email: _____

I certify that the information in this application is true and complete to the best of my knowledge. I authorize the inquiry into my background, including criminal records, driving records, and information provided by credit bureaus.

_____ _____

Signature Date