

VOLUNTEER APPLICATION



70 Queendale Center
Beverly, KY 40913
(606) 598-3155
www.rbmission.org

Application Checklist:

- Application Filled-In
- Application Signed
- Background Form Filled-In
- \$15 Application Fee
- Picture of Applicant

**APPLICANT MUST COMPLETE ALL INFORMATION REQUESTED
PLEASE PRINT LEGIBLY - ALLOW 4 TO 6 WEEKS FOR PROCESSING**

Date _____

Name _____
First Middle Last

Present Address _____
No. Street City State Zip

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Marital Status: Single Married Divorced Widowed

Dates available to volunteer: From _____ To _____

Length of service desired (1st time volunteers are encourage 1 week) _____

In what area(s) or task (s) are you interested in working at Red Bird?

Please rate your physical condition: Robust Good Fair Poor

Explain your physical condition (ie. Limitations, special needs, etc.)

How did you learn of Red Bird Mission and Red Bird Clinic?

Give the dates, title, nature, position and organization of your current or most recent job. If in school, give year, major, name and location.

Do you hold any special licenses or certifications? (if yes, please list)

Of what local church are you a member or affiliated with? Please give church name, denomination and location.

Describe your role and involvement in your local church, community or school.

Why are you interested in coming to Red Bird to serve as a volunteer?

In which of the following areas have you had experience? Check in the space to the left of those in which you have had some actual experience. Double check the ones in which you consider your skill sufficient enough to warrant your assuming a major responsibility.

- | | | |
|---|--|---|
| <input type="checkbox"/> Answering Office Telephones | <input type="checkbox"/> Classroom Aide | <input type="checkbox"/> Working w/ Senior Citizens |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Leading Exercise Programs |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Coaching Athletics | <input type="checkbox"/> Leading Group Recreation |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Library Skills | <input type="checkbox"/> Delivering Meals-on-Wheels |
| <input type="checkbox"/> Operate Copy Machine | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Packing Boxes/Meals |
| <input type="checkbox"/> Microsoft Office Software | <input type="checkbox"/> Working w/ Preschool Age | <input type="checkbox"/> Instructing Crafts/Fine Arts |
| | | |
| <input type="checkbox"/> Operate Audio-Visual Equipment | <input type="checkbox"/> Computer Networking | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Computer Repair | <input type="checkbox"/> Journalism/Publishing |
| <input type="checkbox"/> Videography | <input type="checkbox"/> Website Design | <input type="checkbox"/> Social Media/Communication |
| | | |
| <input type="checkbox"/> Directing a Choir | <input type="checkbox"/> Camp Cook | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Leading Singing | <input type="checkbox"/> Cooking for Large Groups | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Planning and Leading Worship | <input type="checkbox"/> Cooking | <input type="checkbox"/> CPR |
| <input type="checkbox"/> Playing a Musical Instrument | <input type="checkbox"/> Managing a Dining Room | |
| | | |
| <input type="checkbox"/> Driving on Mountain Roads | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Vehicle Maintenance | <input type="checkbox"/> Gardening | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Small Engine Repair | <input type="checkbox"/> Lawn Mowing | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Mechanical Work/Repair | | <input type="checkbox"/> Electrical Work |
| | | <input type="checkbox"/> General Home Repair |
| <input type="checkbox"/> Operating a Cash Register | <input type="checkbox"/> Writing Policies & Procedures | <input type="checkbox"/> Sign Painting |
| <input type="checkbox"/> Mending Clothing/Sewing | <input type="checkbox"/> Editing & Proof-Reading | <input type="checkbox"/> Graphic Design |

Other skills or experience that you have: _____

References: Please give the name, address, phone number, and email of at least three persons to whom we may send a Volunteer Reference Form for them to complete and mail back to us. Please inform the references that Red Bird Mission will be contacting them to fill out a reference form.

| | | | | |
|----------|---------|--------------|-----------------------|--|
| 1 | NAME | YEARS KNOWN | RELATIONSHIP / TITLE | |
| | COMPANY | | Current Pastor | |
| | ADDRESS | PHONE NUMBER | EMAIL | |

| | | | | |
|----------|---------|--------------|----------------------|--|
| 2 | NAME | YEARS KNOWN | RELATIONSHIP / TITLE | |
| | COMPANY | | | |
| | ADDRESS | PHONE NUMBER | EMAIL | |

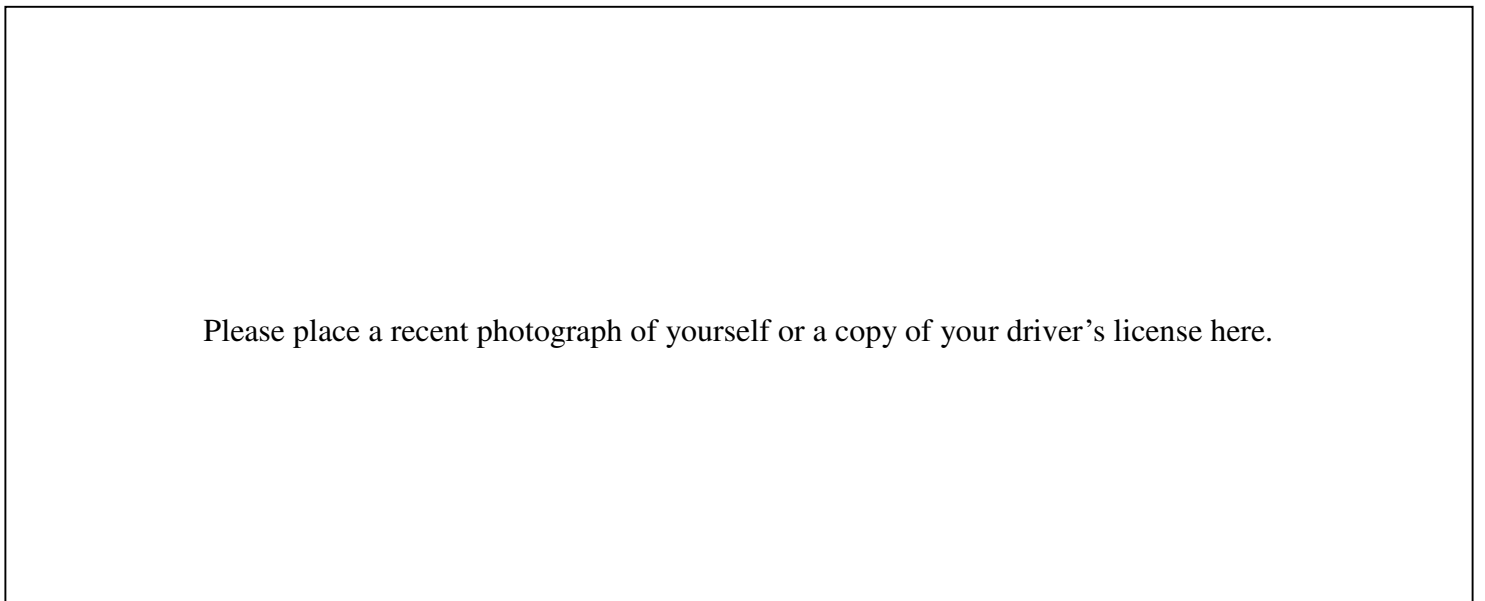
| | | | | |
|----------|---------|--------------|----------------------|--|
| 3 | NAME | YEARS KNOWN | RELATIONSHIP / TITLE | |
| | COMPANY | | | |
| | ADDRESS | PHONE NUMBER | EMAIL | |

Emergency/Medical Information: Please provide the following information so that if there happens to be an emergency or medical situation arise, we will know whom to contact.

| | | | | |
|-------------------|-------|--------|-------------|--------------|
| Emergency Contact | _____ | _____ | _____ | _____ |
| | First | Middle | Last | Relationship |
| Present Address | _____ | | | |
| | No. | Street | City | State Zip |
| Home Phone: | _____ | | Cell Phone: | _____ |

| | | | | |
|--------------------|-------|--------|-------|--------------|
| Personal Physician | _____ | _____ | _____ | _____ |
| | First | Middle | Last | Office Hours |
| Present Address | _____ | | | |
| | No. | Street | City | State Zip |
| Office Phone: | _____ | | | |

| | | | |
|--|-------|---------------|-------|
| Medical Insurance Carrier | _____ | Policy Number | _____ |
| <i>© In order to volunteer at Red Bird Mission and Clinic you must have active medical insurance coverage. ©</i> | | | |



Volunteer Acknowledgement: Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a single staff, volunteer, client, or other person or involves overall agency business. Failure to maintain confidentiality may result in termination of the volunteer's relationship with the agency or other corrective action. Volunteers agree to maintain a standard of Christian conduct as set forth in Scripture and abide by the policies and procedures of Red Bird Mission and Clinic.

Signature: _____

Date: _____

Return completed application to: **Red Bird Mission, Inc.**
Attn: Volunteer Coordinator
70 Queendale Center
Beverly, KY 40913

Red Bird Mission and Clinic

Volunteer Criminal Background Check

Motor Vehicle Report

Purpose: The purpose of this form is to gather information for a criminal background check, motor vehicle reports of both. This information will be released to Red Bird Mission, Red Bird Clinic, or Red Bird Housing, Inc. and will only be used for the reason marked below.

Acknowledgment by Applicant: I have applied for housing, employment, or as a volunteer in a position that may involve supervisory or disciplinary power over a minor or elderly person. I know that the requesting entity will be provided with any record I may have for the conviction of a crime, including traffic violations. I know that I have the right to inspect my criminal and motor vehicle history and to request correction of any inaccurate information.

Application Cost: Please include with this form \$13.00 to cover the cost of processing the Background Check. *If you have a recent background check (less than one year old) you may include a copy of the results along with this completed form and you will not have to send in the Background Check Fee.*

Applicant Information (Please Print Clearly):

Name: _____
 First Middle Last Maiden Name (if applicable)

_____ _____ _____ _____
Date of Birth Driver's License Number State of Issue Social Security Number

Present Address: _____
 No. Street City State Zip

Home Phone: _____ Cell Phone: _____

Email: _____

Previous Address: _____
(if less than 3 years ago) No. Street City State Zip

Applicant Signature: _____ **Date:** _____

The purpose of this form is for the following:

- | | |
|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Licensing |
| <input type="checkbox"/> Criminal Investigation | <input checked="" type="checkbox"/> Volunteer |
| <input type="checkbox"/> Screening Housing Applicant | <input type="checkbox"/> Other _____ |

Note: All information obtain as a result of this form will be kept confidential.