



Compassion

House

A place where hope lives

Volunteer Application

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

How long have you lived at this address? _____ Previous address and
length of time? _____

Date of Birth _____ Home Phone _____ Cell Phone _____

Email Address _____

Marital Status S M W D Occupation _____ Employer _____

Education: High School ___ College ___ Other _____

Spouse's Name _____ Occupation _____

Number of Children _____ Names and Ages _____

Previous Work Experience: _____

Volunteer Experience: _____

Name of Church _____ Are you a Member? _____

Church Address _____ City _____ State _____ Zip _____

Pastor's Name _____ Phone _____

References

May we contact your pastor for a reference? _____ If you answered no, please give an explanation _____

Please list two personal references:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

How did you hear about Compassion Ministries? _____

What do you hope to contribute toward the residents and ministry of Compassion House? _____

How much time can you volunteer? Hours per week _____ Hours per month _____

What times would be best for you? Mornings _____ Afternoons _____ Evenings _____
Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
Saturday _____ Sunday _____

Please look at the volunteer opportunities and list all that you are interested in:

Anyone volunteering to drive a resident *must* have a copy of their insurance card and license on file in the office. A driving record may also be obtained when a background check is run. Do you have reliable transportation? _____

Car Insurance Company _____ Policy # _____

Applicant Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for Christian Ministries. I release all such references from liability for any damage that may result from furnishing such evaluations to you and waive any right that I have to inspect the references on my behalf.

Should my application be accepted, I agree to be bound by the constitution, by laws, and guidelines of Compassion Ministries, Ltd. and to refrain from unscriptural conduct.

In connection with my application for volunteer service with Compassion Ministries, Ltd. I authorize Compassion Ministries, Ltd. or any other agent, to solicit background information relative to my criminal record history. I understand that Compassion Ministries, Ltd. may conduct inquiries into my background that may include criminal records, personal references, and other public reports.

I authorize without any reservation, any person, agency, or other entity contacted by Compassion Ministries, Ltd. for purposes of obtaining background report information, to furnish the above mentioned information.

I release Compassion Ministries, Ltd. and respective employees and all persons, agencies, and entities providing information and reports about me from any and all liability arising out of furnishing any such information or reports.

Applicant Signature _____ Date _____

*Thank you for applying to volunteer your time to Compassion Ministries, Ltd. Please return this fully-completed application (2 pages), along with the Lexis Nexis Background check form to: **Compassion House · 6045 Elm Springs Road Springdale, AR 72762***

If you would prefer to fax or email the information, please call 479.751.0207 for instructions.

You will be contacted for an interview and tour of the home and discuss how you can best be involved in this ministry.