



VOLUNTEER APPLICATION

Please complete the following application to be added to our list of potential volunteers. We will contact you as soon as possible to discuss volunteer opportunities. If we have an open opportunity, you must agree to a background check at no expense to you. All information will be kept confidential.

CONTACT INFORMATION

Name: _____
(Please be sure to include middle name)

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Best number to reach you: _____

Date of Birth: _____

Driver's License #: _____ State: _____

Social Security #: _____

SCHEDULE

Please complete the following section to the best of your knowledge. We understand schedules can change, simply indicate when and how you would like to make yourself available. Please keep in mind our children thrive on consistency. If you are volunteering to be a session mentor we will require a commitment to their 6 week session.

You may select one or both of the following options:

I would like to be "On Call". You can contact me when help is needed for major events (ministry events, farm projects, fun days, camps, etc.)

Please list any days and times you are not available. If left blank, we will contact you every time we need extra help from our On Call team.

I would like to serve the ministry on a regular basis.

Weekly Number of days per week you would like to volunteer _____

Bi-monthly

Monthly

Please check the day(s) of the week you are available to volunteer. If you are able, include the approximate times you would be able to arrive and depart on the days you have listed.

Monday Start _____ am/pm Finish _____ am/pm

Tuesday Start _____ am/pm Finish _____ am/pm

Wednesday Start _____ am/pm Finish _____ am/pm

Thursday Start _____ am/pm Finish _____ am/pm

AREAS OF INTEREST *(check all that apply)*

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Session Mentor | <input type="checkbox"/> Parent/Guardian Discipleship |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Gardening | <input type="checkbox"/> Planning/Scheduling |
| <input type="checkbox"/> Prayer Team | <input type="checkbox"/> Photography/Social Media | <input type="checkbox"/> Anything and Everything! |

We are also open to your ideas. Please list and explain here:

ABOUT YOU

As a volunteer, what do you think your strengths are?

Of the skills you possess, which would you like to offer?

How did you hear about Emmanuel Equine Ministry?

Why would you like to be a volunteer at Emmanuel Equine Ministry?

What message would you like to convey, while volunteering, to the children and families at the farm?

We are a faith based ministry. How do you feel about that?
(If you have a relationship with Jesus, please tell us about that)

Tell us about yourself if you would like....interesting facts, hobbies, achievements, etc.

REFERENCES: Give 3 personal references (not a relative) that you've known for more than 2 years.

1. Personal Reference

Name: _____
Address: _____
Telephone: _____
Email: _____

2. Personal Reference

Name: _____
Address: _____
Telephone: _____
Email: _____

3. Personal Reference

Name: _____
Address: _____
Telephone: _____
Email: _____

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information they may have regarding my character and fitness for being a volunteer and/or mentor at Emmanuel Equine Ministry. I release all such references from liability for any damage that may result from furnishing such evaluations to you and I waive any right that I have to inspect the references provided on my behalf. Should my application be accepted, I understand I will be expected to attend EEM's volunteer training and will be expected to sign and follow the guidelines as stated in Emmanuel Equine Ministry's Policy Manual.

Applicant's Signature

Date

Do you give Emmanuel Equine Ministry permission to perform a background check?

_____ Yes _____ No

Previous Name/Alias

Previous Address if above address is for less than (1) year

PLEASE INCLUDE A PHOTO OF YOURSELF

Completed applications may be mailed to:
Emmanuel Equine Ministry
4872 Edgewood Road
Salem, IL 62881

or emailed to:

info@emmanuelequineministry.org

FOR OFFICE USE ONLY

- Background Check
- Photo on file
- Policy Manual Signed
- Release/Waiver Signed
- Insurance Information Received

Interviewed by: _____

Volunteer Position: _____

Start Date: _____