

To Worship ~ To Love ~ To Serve



St. Louis Dream Center
Volunteer Application

CONFIDENTIAL Volunteer Application

RECENT
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This application is to be completed by applicants for any volunteer position within the St. Louis Dream Center. It is being used to help the St. Louis Dream Center provide a safe and secure environment for those who participate in our programs and use our facilities.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: (____) _____ Cell #: (____) _____

Male: ____ Female: ____ Date of Birth: ____ - ____ - ____

Single: ____ Married: ____ Divorced: ____

Maiden Name (if applicable): _____

Your SS#: Present: ____ - ____ - ____

Past: ____ - ____ - ____

Present Employer: _____

Present Occupation: _____

Email Address: _____

May we call you at work? ____ Work #: (____) _____

Please indicate times of availability:

Time	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8-10am						
10am-12pm						
1-3pm						
3-5pm						
AFTER 5pm						

List any skills, talents, or training that you possess:

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to volunteering at the St. Louis Dream Center? Yes ___ No ___

If yes, please explain:

Have you ever been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes ___ No ___

If yes, please explain:

Do you smoke? Yes ___ No ___ Drink? Yes ___ No ___ Use illegal drugs? Yes ___ No ___

Do you attend church? Yes ___ No ___

If yes, where:

Name: _____ Address: _____ Phone: (____) _____

Give three personal adult references that have known you for at least three years and are not relatives or former employers. (Please inform them we will be calling)

1. Name: _____ Phone: (____) _____

2. Name: _____ Phone: (____) _____

3. Name: _____ Phone: (____) _____

The information contained in this application is correct to the best of my knowledge. I authorized a criminal background check to be done and any references or churches listed in this application to give you any information they may have regarding my character and fitness for adult/children's/youth work. 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.

Applicant's Signature: _____ Date: _____

St. Louis Dream Center outreach of Joyce Meyer Ministries

Please Check The Area Of Ministry You Are Interested In:

- Adopt-A-Block
- Bus Ministry
- Clothing Boutique
- DC Café
- DC Sports
- Distribution Center
- Grill Ministry
- kidZjam (mobile children's outreach)
- Kitchen Ministry
- Nursing Home Ministry
- Street Ministry
- Special Events
- Ministry Academy
- Food Outreach

From the list of ministry opportunities above, please list your first two choices in order of preference.

1. _____ 2. _____

In a paragraph, please explain why you have a desire to work in your first choice of ministry.

A Criminal Background Check is required for most areas of volunteering, in order to create a safe environment to serve in and to be served; however, having a criminal background will not disqualify you from all volunteer opportunities.

Please Check The Skills And/Or Experiences That Apply:

- Audio/Video
- Cooking
- Electrical
- Carpentry
- Painting
- Plumber
- Puppeteer
- Salesman
- Security
- Typing
- Barber/Beautician
- Bus/Truck Driver (CDL – current)
- Drama
- Organizational Skills
- Property Claims Adjuster
- Secretary
- Receptionist
- Sign Language
- Tailoring
- Mechanic
- Music
 - Singing
 - Instrument: _____
- Speak Other Languages? If so, which: _____

Others:

PARENTAL CERTIFICATION, CONSENT AND RELEASE
(MINOR PARTICIPATION)

I, _____, am the parent or legal guardian of (print minor's name) _____, who was born on _____, 19_____.

I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this legal instrument with binding legal effect.

As a parent or legal guardian of (print minor's name) _____, I certify and affirm that I have been completely and thoroughly informed that as a youth attending Joyce Meyer Ministries, Inc., d/b/a St. Louis Dream Center (hereinafter referred to as St. Louis Dream Center), my child will participate in certain activities which carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

- | | |
|---|--|
| 1. Indoor and outdoor physical activities | 5. Travel by bus, automobile, or van |
| 2. Informal and organized sports | 6. Water activities including swimming and boating |
| 3. Use of recreational equipment | 7. Hiking and Camping |
| 4. On and off campus field trips | 8. Construction and maintenance projects |

I release and agree to indemnify St. Louis Dream Center and its agents, officers, directors, and employees from any liability, including liability associated with my child's death or injury or loss or damage to my child's property resulting directly or indirectly from my child's participation in any activities including but not limited to those mentioned above.

As parent and legal guardian, I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL CERTIFICATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still consent to my child's participation in the activities.

I acknowledge and agree that St. Louis Dream Center shall not be held liable in any way for any occurrence resulting directly or indirectly from these activities that result in injury, death, or any other damages to my child, myself or my family, heirs or assigns. In consideration of my child being allowed to participate in these activities, on behalf of my child, I hereby personally assume all risk in connection with said activities, for any harm, injury, or damage that may befall my child, me or my family, heirs, assigns while engaged in such activities.

I understand that the terms are contractual and I have signed this document as an act of my own free will. It is my intention by signing this document to exempt and release St. Louis Dream Center from all liability whatsoever for personal injury, property damage, or wrongful death caused by negligence.

I further acknowledge and agree that my signature on this PARENTAL CERTIFICATION, CONSENT AND RELEASE shall constitute a bar to any recovery by my child, myself or my family, heirs, or assigns in all suits and actions that may be instituted against St. Louis Dream Center, its agents, servants, or employees for injuries or death to my child, whether or not same resulted from the negligence of St. Louis Dream Center, its agents, servants, or employees, or due to the negligence of my child, or due to the risks ordinarily incident of my child's participation in these activities, or due to the contributory negligence of my child.

I understand that it is my obligation to inform the management of St. Louis Dream Center of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities involving St. Louis Dream Center or its programs.

I have fully read and understand the contents of this PARENTAL CERTIFICATION, CONSENT AND RELEASE.

Dated: _____20_____

(Signature of parent or guardian)

(Type or Print)

CHILD MEDICAL RELEASE FORM

My child, _____ is given my permission to attend all functions of ministry at the St. Louis Dream Center. Furthermore, I give my permission to perform all forms of medical attention in any capacity should any treatment become necessary. Please consider this document as my comprehensive and unadulterated permission to treat my child medically in any event of any type of emergency major and/or minor that necessitates treatment.

DATE OF BIRTH: _____

PERSON TO NOTIFY in case of emergency:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE (WORK): _____ (HOME): _____ (CELL): _____

MEDICAL INFORMATION:

MEDICAL CONDITIONS:

MEDICATION CURRENTLY TAKING:

ANY KNOWN ALLERGIES:

INSURANCE INFORMATION: _____ BLOOD TYPE if known: _____

PHYSICIAN'S NAME:

ADDRESS:

TELEPHONE:

My signature on this document and the signatures of witnesses indicate that I have fully read the contents of this document or have been fully read to my satisfaction the contents of the undersigned document.

Signature of parent/guardian _____ Date _____

Signature of reader to parent/guardian _____

Date _____

Witness _____ Date _____

Witness _____ Date _____
