

175 Academy Drive SW, Calhoun GA 30701 Phone :(404).419.6669 Fax :(404).419.6669 Email: <u>shawn@3tmi.org</u>

Confidential Volunteer Application

Think on These Things Ministries International requires completion of this application by every Person who desires to volunteer for any position involving the supervision or care of minors under the age of 18 for all activities by every employee, and by every volunteer.

A copy of Photo ID is needed with this form before processing

Section 1: Volunteer Personal Information

| Today's Date | | Male | _ Female |
|-----------------------------------|----------------------------|-----------------------|----------|
| Name (Last) | | | MI |
| Present Address | | | |
| City | | | |
| Phone (work) | (home) | (other) | |
| Email Address | Occupation | | |
| Hours per Week | On what date would you be | e available to begin? | |
| Are you 18 years of age? Yes I | No | | |
| Marital Status: Married Single_ | Divorced Widowed | _Spouse Name | |
| Do you have any special medical c | onditions we should be awa | re of? | |
| Emergency Contact Name | Relation | Phone | |
| Section 2: Please indicate your r | ., _ | | |

please indicate if you are volunteering as an individual or if you are affiliated with a group. Please indicate all areas that apply. <u>Notify staff when you arrive if you require verification of volunteer</u> <u>hours.</u>

| Individual: | Group: _ | _Corporate | Club _ | _School | Youth | Civic/Gov _ | _Faith Based |
|--------------------|-------------------|--------------|-----------|-------------|------------|-------------|--------------|
| | _ | _School Req | uired Ser | vice _ | _Other | | |
| Group/Organizatio | n Name: | | | | | | |
| Are you volunteeri | ng for a one time | e event? Yes | No | When | l | Activity | |
| Require Verific | ation of hour's | Court ma | andated h | iour's # of | hour's rec | uired | |



Section 3: Volunteer History

| Have you volunteered before?No | YesCurrer | nt, active Da | te last volui | nteered |
|--|-----------------------|----------------|--------------------|-------------------------|
| Please mark each activity in which you | participated. | | | |
| Warehouse activitiesFood colleg | ction Education | h and outread | h Food | distribution |
| Admin/Clerical/GeneralOther _ | | | | |
| | | Oulleach | | |
| | | | | |
| Are you interested in becoming a regula | r volunteer with Th | nink on These | e Things Mi | nistries International? |
| YesNo | | | | |
| | | | | |
| Previous Addresses (Please list addre | esses for past 1-3 ye | ars.) | | |
| | | | | |
| Address: | City: | | State: | Zip: |
| Dates From: To: | | - | | |
| Address: | City: | | _ State: | Zip: |
| Dates From: To: | | _ | | |
| Address: | | | State [.] | Zip [.] |
| Dates From: To: | | | | _ p |
| Dates FIGH 10 | | | | |
| | | | | |
| Personal References (People not relation | ted to you by blood o | or marriage. P | lease provid | le all information.) |
| Name: | | Dav | Phone: | |
| Address: | City: | =, | State: | Zip: |
| Email Address: | | | - | |
| Relationship to you: | | Evening | Phone: | |
| Name: | | Day | Phone: | |
| Address: | | | | |
| Email Address: | | | | |
| Relationship to you: | | Evening | Phone: | |
| Name: | | Dav | Phone: | |
| Address: | City: | | State: | Zip: |
| Email Address: | | | | |
| Relationship to you: | | Evening | Phone: | |



| Section | on 4: Background Information |
|---------|--|
| Please | e carefully answer all of the following questions: |
| 1) | Do you have a valid driver's license? Yes No |
| 2) | Have your driving privileges ever been suspend or revoked? Yes No |
| 3) | Have you ever been charged with, convicted of , or plead nolo contendere or guilty to a crime, either a misdemeanor or felony, including but not limited to crimes involving minors, molestation, crimes involving pornography, sexual or physical abuse, drug-related charges, other crimes of violence, theft or motor vehicle violations? |
| | Yes No No if yes, please explain: |
| 4) | Have you ever been shown by credible evidence (Court Order, Jury, or other reliable source) to have abused, neglected, or deprived a child or to have caused serious injury to another person as a result of your intentional or grossly negligent misconduct? Yes No if yes, please explain: |
| 5) | Are you currently engaged in the illegal use of drugs? Yes No No I |
| 6a) | Have there been any addictive behaviors or abuse of any kind in your background, whether physical, sexual, drug or alcohol? |
| 6b) | Yes No No I If yes, have you taken steps to minimize the impact of those issues for you now and for the future? |
| | Yes No D please explain: |



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Volunteer Guidelines and Agreement

Think on These Things Ministries International appreciates your services and we will do our utmost to ensure that your volunteer experience is rewarding, productive and safe. We are committed to respecting your skills and individual needs within the limitation of these requirements. **We ask your cooperation in following these guidelines and to agree as follows.**

- 1. Follow staff instruction and complete duties as assigned. Ask for help, as needed. Report possible hazards or unsafe activities to staff.
- 2. Anyone under the influence of drugs and/or alcohol will not be permitted to volunteer.
- 3. Come dressed to volunteer. Closed toe shoes and long pants are required in the warehouse. Sandals, tank tops, shorts, offensive clothing and walkmans/radios **are not** permitted. All volunteers must wear a name badge for easy identification.
- 4. Wash hands before handling food, after break, smoking or returning from the restroom. Keep your work area clean.
- 5. Be safe. Use proper lifting techniques, using your legs to push upwards, keeping your back straight and body balanced. Solicit the help of another person to lift objects over 20 pounds. Ask for help if you need assistance.
- 6. Only the Think on These Things Ministries International staff may operate forklifts or electric pallet jacks. Only trained adult volunteers may operate the baler, compactor or hand pallet jack. Youth volunteers may not work around forklifts, pallet jacks, compactor, and baler or participate in the loading and unloading of vehicles while power equipment is present or the operation of fleet vehicles.
- 7. Running, shouting, horseplay (tossing food, etc), riding pallet jacks, walking or stepping on pallets is not permitted.
- 8. Food or any product may not be taken from the warehouse or food sorting areas. Unauthorized possession will be considered **stealing** and will lead to immediate discontinuation of volunteering and if appropriate, legal action.
- Harassment of any kind is not tolerated by staff or volunteers. Any behavior intended to create discord or restricting volunteers or staff from working will not be tolerated. Report incidents immediately to staff.
- 10. Volunteers leaving before the end of a shift must advise staff.



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Additionally, the following guidelines are applicable for those volunteers participating in short-term humanitarian trips:

- I understand that volunteers are not tourists; and I am going at the invitation of the host country as their guest. I further understand that it is extremely important to be willing to adjust to the expectations of the in-country host.
- 2. I agree to cooperate at all times with the team leader concerning our work and life together including daily assignments, food, lodging, and transport and to stay with the team from beginning to end.
- 3. I agree that dress and jewelry should be modest at all times.
- 4. I agree to abstain from offensive habits while on the trip.
- 5. I acknowledge that by engaging in this trip, I am subjecting myself to certain risks voluntarily, in addition to those risks which I normally face in my personal and/or business life, including but not limited to such things as health hazards due to poor food and water, diseases, pests, and poor sanitation, potential danger from lack of control over local population; potential injury while working; travel; inadequate medical facilities, etc.
- I acknowledge that I am responsible for all vaccinations required the US State Department for travel to the host countries. A listing of required vaccinations can be found at the State Department's website, <u>www.state.gov</u>.

Volunteer Release of Liability

I hereby agree and release, indemnify and hold harmless Think of These Things Ministries International Inc. its officers, directors, employees, donors and agents from any and all claims, damages and liability arising from or related to my/our activities as a Think on These Things Ministries International Volunteer.



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Dispute Resolution Agreement

Any dispute arising from or related to allegations by or against workers, employees, volunteers, members of their families, will be submitted to dispute resolution. We want to resolve issues in a fair manner while seeking to preserve or restore relationships fractured by the dispute and allowing the Think on These Things Ministries International to continue its ministry to all people.

Applicant's Statement and Agreement

I have read and understand my responsibility to follow these rules while I am a volunteer for any Think on These Things Ministries International activity. Any injuries will be reported immediately to staff. I understand that I will be asked to discontinue volunteering and leave the premises if I do not follow these requirements and show good judgment.

This information contained in this application is correct to the best of my knowledge. I understand that any false statement or omission of information would be grounds for denial or termination of employment or volunteer service. I accept the above Dispute Resolution Agreement. I authorize Think on These Things Ministries International to supply my employment record in whole or in part, and in confidence, to any prospective future employer or other third party, with a legal and proper interest.

| Volunteer Print Name: | | Date: |
|-------------------------|-------|-------|
| Volunteer Signature | Phone | Email |
| Emergency Contact Name: | | Phone |

IF APPLICANT IS A MINOR, THE PARENT OR GUARDIAN MUST ALSO SIGN AND CERTIFY THIS APPLICATION.

I have read this application in its entirety and to the best of my knowledge the information is true and correct and I know of no reason why the applicant should not be allowed to work directly or indirectly with other minors.

Parent/Guardian Signature

Date



Consent to Release of Confidential Information

Having made application to work with minors/elderly at Think on These Things Ministries International and desiring this organization to be informed as to my past record and character, I authorize, in accordance with all state and federal laws, any persons, references, employers, churches, or organizations with whom I have had any contact to release to Think on These Things Ministries International any information (including opinions) they may have regarding my record, personal character, general reputation, and other qualities pertinent to my service. I also authorize Think on These Things Ministries, at its discretion, to contact any law enforcement or social service agency to determine whether I have ever been charged or plead nolo contendere or convicted of a crime, and I authorize such agencies to release such information to Think on These Things Ministries International. I consent to providing my fingerprints for such a criminal check if requested by Think on These Things Ministries. I fully release Think on These Things Ministries, its agents, and all persons, organizations, and agencies from any right or claim of confidentiality and from all claims, actions, or causes of action which may arise as a consequence or exchanging such information.

| Full Legal Name: |) | _Maiden Name: | |
|--|---------|------------------|--------------|
| Any other names/nicknames by which you are known | า: | | |
| Address: | | | |
| City: | _State: | Zip: | |
| Date of Birth://Social Security No: | •• | Race:Sex: | |
| Driver's License No | State: | Expiration Date: | |
| | | | |

Witness (not a relative)



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Statement from Law Enforcement

_____ I have checked our records regarding the person named above and have found no indication that this person has ever been charged, arrested, or convicted of a crime, including neglect, physical abuse, sexual abuse, assault, or any other acts of violence.

I have found some problems with this person's record; please call me for more information.

| Signed | Date |
|--------|-----------|
| Agency | Telephone |

Date of Birth, Race and Sex are being requested solely for the purpose of identification in obtaining accurate retrieval of records. A PHOTOCOPY OF THIS AUTHORIZATION SHALL HAVE THE SAME EFFECT AS THE ORIGINAL.

Please return form to Think on These Things Ministries International (Attn: Shawn Wray),

Email: shawn@3tmi.org Or Fax: 404.419.6669

www.3tmi.org Need Food? Want to Donate?

(404.419.6669)



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AGREEMENT AND RELEASE FROM LIABILITY

Voluntary Participation

I, ______, acknowledge that I have voluntarily applied to participate in a short-term humanitarian trip to ______ with Think on These Ministries (Think on These Things Ministries International). Think on These Things Ministries International is providing assistance in arranging the humanitarian trip, which involves travel to, and volunteer work in the United States or foreign countries.

Assumption of Risk

I am aware that the humanitarian trip poses risks including but not limited to: sickness, crime, political instability, governmental opposition to project activities, as well as similar and dissimilar risks.

I AM AWARE THAT THE HUMANITARIAN TRIP MAY INVOLVE RISKS. I AM VOLUNTARILY PARTICIPATING IN THE HUMANITARIAN TRIP WITH KNOWLEDGE OF THE RISKS INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH THAT MAY RESULT FROM MY PARTICIPATION IN THE HUMANITARIAN TRIP.

Release from Liability

As consideration for being permitted by Think on These Things Ministries International to participate in the humanitarian trip, as consideration for Think on These Things Ministries International assisting in arranging the humanitarian trip, and for other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, I hereby irrevocably and unconditionally release, waive, discharge and covenant not to sue or attach the property of Think on These Things Ministries International, or any of their affiliates, subsidiaries, divisions, members, directors, officers, employees and agents (collectively referred to as the "Releases"), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to all liability, on account of death, injury, or damage resulting from the negligence or other acts, however caused, of the Releases as a result of my participation in the humanitarian trip. I UNDERSTAND THAT I AM GIVING UP MY LEGAL RIGHTS AND THE RIGHTS OF MY REPRESENTATIVES TO RECOVER FOR INJURY, DEATH, OR PROPERTY DAMAGE.

Knowing and Voluntary Execution

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF ON THE ONE HAND, AND THINK ON THESE THINGS MINISTRIES, AND/OR THEIR AFFILIATES ON THE OTHER HAND. NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THIS AGREEMENT HAVE BEEN MADE TO ME. I SIGN THIS AGREEMENT ON MY OWN FREE WILL.

Want to Donate? (404.419.6669)

| Date | Print Name of Participant | Signature of Participant |
|-----------|--|---|
| Date | Print Name of Spouse (if applicable) | Signature of Spouse (Mandatory if married) |
| icinate i | s a minor (under 18): | |
| - | | Signature of Derent or Cuerdian |
| Date | Print Name of Parent or Guardian Think on These Things Ministries International Re | Signature of Parent or Guardia |