

# LENAWEE COUNTY MISSION

REV 1 2/10/10

## Volunteer Application

Please print or type

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_ am / pm

Evening Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_ am / pm

E-mail address: \_\_\_\_\_

Church you attend: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_

Any special training: \_\_\_\_\_

Volunteer experience: \_\_\_\_\_

Hobbies, skills, special interests: \_\_\_\_\_

Do you have any physical or mental conditions that would preclude your performance of any specific task at the Lenawee County Mission?

Why did you choose to approach Lenawee County Mission for volunteer opportunities?

In case of emergency, please notify: \_\_\_\_\_  
Name Phone

References:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*I understand I am volunteering to perform work duties for Lenawee County Mission without expectation of wages or other type of compensation for my work. I am serving as a volunteer and not as an employee, and as such, I realize I have no legal claim for minimum wages, overtime, premiums, unemployment compensation or other provision of law for employees. Rather, it is my desire to help the Mission accomplish its God-given purpose. I also understand that as a volunteer, my skills will be matched with appropriate work as available. I hereby waive and release all claims I may have as a result of volunteering against Lenawee County Mission and its officers, agents, servants and employees.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## **LENAWEE COUNTY MISSION**

### **Statement of Faith**

The Doctrinal Statement of Faith of Lenawee County Mission is as follows:

1. We believe the Bible to be the inspired Word of God, and sufficient as our only infallible rule of faith and practice.
2. We believe that there is one God, eternally existing as Father, Son and Holy Spirit.
3. We believe that the Lord Jesus Christ is deity, that He was born of a virgin, that we are redeemed by his atoning death through His shed blood, that He bodily resurrected and ascended into heaven and that He will come again in great power.
4. We believe that men and women are saved through a direct encounter with the risen Lord, at which time the Holy Spirit regenerates them.
5. We believe in the present ministry of the Holy Spirit, by whom Christ indwells each believer enabling them to live a Godly life of obedience as he or she reaches for maturity.
6. We believe that the Holy Spirit unites all true believers in the Lord Jesus Christ and that together they form one body, the Church.

***I have read and agree with the Statement of Faith as stated above for the Lenawee County Mission.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# LENAWEE COUNTY MISSION

## Volunteer Opportunities Survey

Thank you for considering service at the Lenawee County Mission! The following is a list of possible volunteer opportunities available at one of our locations. Please place a **CHECK MARK** next to each volunteer position for which you have an interest.

### **ADMINISTRATIVE**

- Assist with special mailings
- Project Assistance
- Collect on-site donation canisters
- Assist with assembling packets

### **MAINTENANCE**

- Inside cleaning
- Yard work
- Interior painting
- Interior repair work

### **KITCHEN/MEN'S SHELTER**

- Assist with set-up, serving and clean-up of meals (breakfast/lunch/dinner)
- Bring in prepared meal or snack for 20 people
- Cleaning (refrigerator, appliances, etc.)

### **FOOD PANTRY**

- Sort food donations
- Stock food pantry
- Distribute food
- Check-in clients

### **SPECIAL EVENTS**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Kitchen help       | <input type="checkbox"/> Banquet set-up | <input type="checkbox"/> Gift/food distribution |
| <input type="checkbox"/> Greeters/hosts     | <input type="checkbox"/> Food servers   | <input type="checkbox"/> Set-up/clean-up        |
| <input type="checkbox"/> Event organization | <input type="checkbox"/> Driver         |   |



# LENAWEE COUNTY MISSION

## Volunteer Waiver/Release Form

Lenawee County Mission welcomes you as a volunteer! This should be a fun and worthwhile experience and we thank you for your participation.

Lenawee County Mission is committed to conducting its activities in the safest manner possible and holds the safety of its volunteers in the highest regard. We continually strive to reduce the risk of injury and insist that all volunteers follow safety rules and instructions which have been designed to protect their safety.

In the event of an accident involving injury, please report it promptly to a LCM supervisor. Be advised that medical accident coverage IS NOT PROVIDED and any medical claims must be processed through your personal medical coverage or Medicare. Therefore, all volunteers should review their own medical insurance policy for coverage. Please note that the absence of personal medical insurance coverage does not make Lenawee County Mission responsible for the payment of a volunteer's medical expenses.

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As a volunteer, I recognize that there are certain risks of physical injury and agree to assume such risk and any damage or loss I may sustain as a result of volunteering for any and all activities associated with Lenawee County Mission. I hereby waive and release all claims against Lenawee County Mission and its officers, agents, servants and employees that I may have as a result of volunteering.

I further agree to indemnify and hold harmless and defend Lenawee County Mission and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or arising out of, connected with or in any way associated with the activities of the Lenawee County Mission.

In the event of an emergency, I authorize officials of Lenawee County Mission to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services.

*I have read and fully understand the above warnings of risk, permission to secure emergency treatment, and waiver and release of all claims against Lenawee County Mission.*

Acknowledged:

In case of emergency, please contact:

\_\_\_\_\_  
Volunteer's Name (please print)

\_\_\_\_\_  
Name & Phone

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Phone

