



Volunteer Application

So in everything, do to others what you would have them do to you.

Matthew 7:12 (NIV)

Purpose: Through a collaborative community effort, establish a central point of contact that provides and/or refers individuals to a range of services using a relational approach for meeting the physical, emotional, spiritual and mental needs in our community.

Mission: Sharing God's love as we walk alongside people in difficult situations by providing hope, support and new opportunities for life.

Vision: Share the living water of Christ by being filled through our ever deepening relationship with Jesus and pouring out in service to meet the needs of others.

With the power of the Holy Spirit we will enable people to become physically, emotionally, spiritually and financially healthy through the support of ongoing relationships, implementation of life-giving action plans, prayer and encouraging a growing relationship with Jesus.

Our community will be positively impacted as lives are transformed from hopeless to hopeful, from faithless to faithful. Our desire is to see needs met, relationships reconciled and faith put into action for the glory of God.

Values:

- We are Christian.
- We are committed to loving God and loving others.
- We are committed to treating all people with respect, value and dignity.
- We are committed to honesty, integrity and good stewardship of resources.
- We are committed to depending on God's guidance to direct our decisions.
- We are committed to serving through relationships and acts of generosity.
- We are committed to unity in the Body of Christ.
- We are committed to facilitating transformation.
- We are committed to our mission to serve others and impact our region with the love of Christ.

Thank you for your interest in serving at The Well.

We look forward to working with you to impact our community.



Please complete the following information for each person interested.

Be as complete as possible to help us match you with the right opportunities to serve.
(Questions marked with an * are required.)

***1. Contact Information**

First Name:

Last Name:

Birthdate:

If under age 18, guardian name(s):

Street Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Email Address:

Emergency Contact Name:

Emergency Contact #:

Church Name (if applicable):

Personal Reference:

Contact #:

Professional Reference:

Contact #:

***2. What is your preferred method of contact?**

- Home Phone
- Cell Phone
- Text



*3. There are many unique opportunities to serve at The Well.
Please indicate your interest and abilities below.

- | | | |
|---|---|---|
| <input type="checkbox"/> Administrative/Office Assistance | <input type="checkbox"/> Counseling | <input type="checkbox"/> Mentoring- Life Skills |
| <input type="checkbox"/> Appliance Repair | <input type="checkbox"/> Dental | <input type="checkbox"/> Mentoring- Spiritual |
| <input type="checkbox"/> Automobile Mechanic | <input type="checkbox"/> Financial | <input type="checkbox"/> Mentoring- Substance Abuse |
| <input type="checkbox"/> Basic Car Maintenance | <input type="checkbox"/> General Cleaning | <input type="checkbox"/> Moving Assistance |
| <input type="checkbox"/> Budget Counseling/Support | <input type="checkbox"/> General Handyman | <input type="checkbox"/> Prayer |
| <input type="checkbox"/> Career Planning | <input type="checkbox"/> Legal Counsel | <input type="checkbox"/> Stephens Ministry |
| <input type="checkbox"/> Carpentry/Construction | <input type="checkbox"/> Marketing/Communication | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Medical | <input type="checkbox"/> Welcome Desk |
| <input type="checkbox"/> Companionship | <input type="checkbox"/> Mentoring-Educational/Tuto | |
| <input type="checkbox"/> Cooking/Baking | <input type="checkbox"/> Mentoring-Grief Support | |

Are there other resources, skills or talents that you would like to offer the ministry? (Please Specify.)

4. Please specify any professional licenses or certifications that you hold:

- Childcare
- Counseling
- Education
- Electrical
- Finance/Accounting
- Heating & Cooling (HVAC)
- Other (Please Specify)

5. List any ministries or community groups where you have enjoyed serving in the past.



6. What best describes your relationship with Jesus.

- Not applicable
- Uncertain
- Exploring
- New/Young Believer
- Stable/Growing Believer
- Leading /Guiding Believer

7. Transportation is a significant need in our area. Are you willing to provide transportation for those in need (grocery shopping, medical appointments, etc.)?

- No
- Yes, and I'm willing to use my personal vehicle
- Yes, but I cannot use my personal vehicle
 - a. If yes, to what extent are you willing to travel?
 - 10 miles or less
 - Up to 50 miles
 - Up to 100 miles
 - Up to 250 miles
 - b. Please select your licensing
 - Driver's License (Normal)
 - DCL A License (Tractor trailer)

(Note- Volunteer drivers will need to show proof of insurance & copies of driver's license.)

*8. Scheduling: In an effort to place you with opportunities that best match your availability, please mark below when you are GENERALLY available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings 6a – noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons noon - 5p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings 5p - 9p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Please Specify)



*9. To ensure the safety and security of our clients, would you be willing to agree to a background check if required for your service opportunity?

- Yes
- No

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Date _____

Print Full Name _____

Signature _____

Parent/Guardian Name
(If under 18 years old) _____

Jesus answered and said to her,

“Whoever drinks of this water will thirst again, but whoever drinks of the water that I give him will never thirst. But the water that I shall give him will become in him a fountain of water springing up into everlasting life.”

John 4:13-14

For Office Use Only

Initial Contact _____ Paperwork Complete _____

Orientation Complete _____ Background Check _____

Comments _____

Approved _____ Date _____

Volunteer / Employee Background Check



Last Name _____

First Name _____

Middle Name _____

Other Last Names _____

Current Address _____

Social Security Number _____

Date of Birth _____

Gender _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize The Well Resource Center and its designated agents and representatives to conduct a comprehensive review of my background for employment and/or volunteer purposes.

Signature

Date