



Volunteer Application

Applicant Information

Full Name: _____ Date: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City
State
ZIP Code

Phone: _____ Email _____ Date of Birth: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

How did you become interested in Ebenezer?

Hobbies, interests, special skills, languages:

Do you need any special accommodations in order to successfully volunteer with us? If yes, what?

Why do you want to volunteer?

Availability/Interests

Time of Day

- No preference
- Morning
- Afternoon
- Evening

Day of Week

- No preference
- Monday
- Thursday
- Tuesday
- Friday
- Saturday
- Wednesday
- Sunday

Please indicate what types of activities are of interest to you:

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Gardening <input type="checkbox"/> Quality Surveys <input type="checkbox"/> Leading Groups <input type="checkbox"/> Special Events <input type="checkbox"/> Music/Singalong <input type="checkbox"/> 1:1 Visiting <input type="checkbox"/> Gift Shop/Coffee Shop
(Ridges & Mpls. only) | <ul style="list-style-type: none"> <input type="checkbox"/> Greeter/Ambassador <input type="checkbox"/> Worship Helper <input type="checkbox"/> Technology <input type="checkbox"/> Recreation Helper <input type="checkbox"/> Manicures/Beauty Shop <input type="checkbox"/> Art/Craft/Writing <input type="checkbox"/> Childcare Helper
(Some locations) | <ul style="list-style-type: none"> <input type="checkbox"/> Office Helper <input type="checkbox"/> Educational Programs <input type="checkbox"/> Meal Helper <input type="checkbox"/> Pet Visits <input type="checkbox"/> Outing Helper <input type="checkbox"/> Other interests _____
_____ |
|---|---|--|

Background Check Acknowledgement

I understand that Ebenezer is required to perform DHS/criminal background checks on applicants for positions that have direct contact with vulnerable adults which may render an applicant ineligible for a position.

Yes No

Photo Release Permission

I hereby authorize Ebenezer, hereafter referred to as "Company" to publish photographs taken of me and my name and likeness, for use in Ebenezer's print, online, and video-based marketing materials as well as other Company publications.

I hereby release and hold harmless Ebenezer from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Ebenezer, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Signature:

Date:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to volunteering, I understand that false or misleading information in my application or interview may result in my release.

Signature

: _____ Date: _____

My child is applying to volunteer at Ebenezer with my knowledge and approval.

Parent/Legal Guardian Signature (if under 18): Date:

If not applying online through our website, please save your application as a document and email or send to the address listed on the webpage of the location where you are interested in volunteering.

**Ebenezer Mission:
Ebenezer is Driven to Heal, Discover and Educate
for Longer, Healthier, Meaningful Lives.**