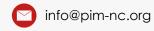


# **Volunteer Application**

Position: (ROA	AR, YES, UB, Ev	ent, Other):			Date:	
Name:						
Address:				City, State, Zip:		
Phone Number:			Alt	Alternate Number:		
Email:						
Availability (7	vrite in hours yo	ou will be availe	able each dau)			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
[ ] YES [ ]		, please explai				
Related Volun	teer & Work E	xperience:				
Organization Name:			To	otal Hours Wo	orked:	
Address:			Cit	y, State, Zip:		
Major Duties:_						
·	-	·	· · · · · · · · · · · · · · · · · · ·	•	·	-



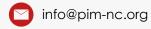




Special Skins, Accomplish	iments, & Awarus.	ı		
Education: Highest Grade	Completed (check	one):		
Institution:				
Str	reet Address	City	y State	Zip
[ ] High School Diploma	[ ] GED	[ ] Bachelors	[ ] Masters	
Certifications:				
Organizations:				
Personal References: (provi	ide at least 3 reference	rs you've known for 2 yea	ars or more. No Rela	atives.)
Name	Phone Number	Occupation		Known
Emergency Contact(s):				
Primary Contact Name:				
Home Number:		Cell Number	er:	
Secondary Contact Name:				
Home Number:		Cell Numbe	er:	



910-277-3355







### PERSONAL CONSENT & RELEASE FORM

I understand that Partners In Ministry (PIM) cannot be held liable for any injuries or illnesses that I may suffer while performing volunteer work, or while using equipment or facilities on PIM property. I expressly waive any claims for compensation or liability against Partners In Ministry, which includes the owner of any associated project, program, or activity.

I also grant Partners In Ministry and its assigns, designees, licensees, and agents the irrevocable, perpetual, royalty-free, non-exclusive, and worldwide right to record and use my name, biographical information, picture, portrait, photograph, video footage, voice, words (including lyrics), and any audio (hereinafter referred to as the "Content"). This right extends to all forms and media currently in existence or developed in the future, including for promotional efforts and dissemination to publishers and/or media outlets, or any other lawful purposes.

I further agree that I am not entitled to, and will not receive, any compensation for the use of the Content or any works derived from it and that PIM is the sole owner of the rights to the Content. I release and absolve Partners In Ministry from any liability resulting from the use of the Content or works derived from it. It is expressly agreed that PIM is under no obligation to use the Content for any purpose.

I attest that I am at least eighteen (18) years old, competent to sign this release and have the right to grant these permissions. I have read this release and am fully aware of its content. I agree that this release shall bind me, my legal representatives, heirs, and assigns. This consent will expire one



# NOTIFICATION AND AUTHORIZATION TO RELEASE CRIMINAL INFORMATION FOR EMPLOYMENT PURPOSES

## **Notification**

Auth	oriza	tion
Auui	UHZa	иоп

I hereby authorize PARTNERS IN MINISTRY to conduct the criminal background check as described above. I also authorize the use of law enforcement agencies and/or private background check organizations to assist PARTNERS IN MINISTRY in collecting this information. Validity Screening Solutions has been secured as a third-party vendor (consumer reporting agency) to help in this process.

I understand that records of arrests on pending charges and/or convictions do not automatically



Phone Number:	Alternate Number:
Date of Birth:	Gender: [ ] Female [ ] Male
Social Security Number:	
Diver's License #:	Issued State:
-	Tense, or do you have any pending criminal charges misdemeanors; non-criminal traffic violations or ed.
If yes, please explain:	
any attachments, is accurate and complete. I un	provided in this Notice and Authorization, along with nderstand that any falsification or omission of n and could serve as grounds for termination of my
acknowledge that I have received a summary of which is attached. Additionally, I understand to employment decision made by Partners In Mir	nistry based on my background check information otice. A determination on my appeal will be made
Signaturo	Date:



### WAIVER AND CONSENT FORM

I hereby give consent to Partners In Ministry (PIM) to take and use images (photographs or videotapes) and/or sound recordings of myself and/or the minor patient or person named below, for whom I am providing consent. I also authorize PIM to disclose confidential patient information about me and/or the minor patient or person in any public media, including radio, television, the internet, or print, as well as in PIM publications.

I understand that the intended use of such images and confidential information is for advertising, marketing, fundraising, or promotional purposes for Partners In Ministry (PIM). I acknowledge that PIM cannot be held liable for any injuries or illnesses I may suffer while performing volunteer work or while using equipment or facilities on PIM property. I expressly waive any claims for compensation or liability against Partners In Ministry, including its owners for any project, program, or activity.

I hereby release and discharge Partners In Ministry (PIM), including all corporate affiliates, officers, directors, trustees, employees, medical staff, and agents, from any and all claims, liabilities, actions, suits, demands, costs, expenses, or debts arising out of or related to the use of images or the disclosure of the information described herein. I waive all rights and interests in such images and materials.

I acknowledge that this consent and authorization for the release of confidential information is granted solely for the benefit of Partners In Ministry (PIM) and without any expectation of compensation or other benefit to myself, the minor patient, or their family. To the extent that any benefit might accrue to Partners In Ministry (PIM) from the use of images or disclosure of information, I hereby waive any claim or interest in such benefits.

Consenting Individual/Minor's Name (print)	Date
Consenting Individual/Minor's Signature	
Parent/Guardian's Name (print)	Date
Parent/Guardian's Signature	