



Volunteer Application

Position: (ROAR, YES, UB, Event, Other): _____ Date: _____

Name: _____

Address: _____ City, State, Zip: _____

Phone Number: _____ Alternate Number: _____

Email: _____

Availability (write in hours you will be available each day)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Have you ever been convicted of, pleaded guilty to, received deferred adjudication, or been on any form of diversion for any criminal offense (misdemeanors and felonies) within the last 7 years?

☐ YES ☐ NO If yes, please explain:

Related Volunteer & Work Experience:

Organization Name: _____ Total Hours Worked: _____

Address: _____ City, State, Zip: _____

Major Duties: _____



910-277-3355



info@pim-nc.org



www.pim-nc.org



Special Skills, Accomplishments, & Awards:

Education: Highest Grade Completed (check one):

Institution: _____

Street Address

City

State

Zip

☐ High School Diploma

☐ GED

☐ Bachelor's

☐ Masters

Certifications: _____

Organizations: _____

Personal References: *(provide at least 3 references you've known for 2 years or more. No Relatives.)*

Name	Phone Number	Occupation	Years Known

Emergency Contact(s):

Primary Contact Name: _____

Home Number: _____

Cell Number: _____

Secondary Contact Name: _____

Home Number: _____

Cell Number: _____



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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 calendar year from the date of signature.

Print Name

Date

Signature

I am signing on behalf of a minor, _____ (Print Name of Minor), and I certify that I am the parent or guardian of this minor. I agree to the consents and waivers outlined in the paragraphs above on behalf of this individual.

Parent/Guardian's Name (print)

Relationship to Minor

Parent/Guardian's Signature

Date

**NOTIFICATION AND AUTHORIZATION TO RELEASE CRIMINAL
INFORMATION FOR EMPLOYMENT PURPOSES**

Notification

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This background check will include the following: searches for felony and misdemeanor convictions at both the county and federal levels in every jurisdiction where I currently reside, as well as in all jurisdictions where I have lived during the past seven years. Additionally, it will include sex offender registry searches at the county and federal levels in all of these jurisdictions.

_____ Initial

Authorization

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 disqualify me from employment. This information will be used to evaluate whether the findings of the background check reasonably relate to my trustworthiness and my ability to perform my duties safely for the students, employees, and other members of the PARTNERS IN MINISTRY community.

_____ Initial

Position(s) Applied for: _____

Full Legal Name (please print): _____
First Middle Last

Other Names Used in Past Seven (7) Years: _____

Current Address: _____

Previous Address (most recent): _____

Addresses in Prior Seven (7) Years: _____

Phone Number: _____ Alternate Number: _____

Date of Birth: _____ Gender: ☐ Female ☐ Male

Social Security Number: _____

Driver's License #: _____ Issued State: _____

Have you ever been convicted of a criminal offense, or do you have any pending criminal charges against you? This applies only to felonies and misdemeanors; non-criminal traffic violations or municipal ordinance violations are not included.

_____ Yes _____ No

If yes, please explain: _____

To the best of my knowledge, the information provided in this Notice and Authorization, along with any attachments, is accurate and complete. I understand that any falsification or omission of information may disqualify me for this position and could serve as grounds for termination of my employment with Partners In Ministry.

By signing below, I authorize Partners In Ministry to conduct a criminal background check, and I acknowledge that I have received a summary of my rights under the Fair Credit Reporting Act, which is attached. Additionally, I understand that I have the right to appeal any adverse employment decision made by Partners In Ministry based on my background check information within three business days of receiving such notice. A determination on my appeal will be made within seven working days of Partners In Ministry's receipt of the appeal.

Signature: _____ 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