

VOLUNTEER APPLICATION

ELAN Ministries / His Hands 2 Go * (504) 302-0788 * Fax # (504) 281-4678

PERSONAL INFORMATION

Name _____ Date _____

Present Address _____

City _____ State _____ Zip Code _____

Telephone # – Home (____) _____ Work (____) _____ Cell (____) _____

Email Address _____

Permanent Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____

Date of Birth _____ Social Security Number _____

Citizenship () YES () NO If NO, What is your Country of Birth _____

Passport Number _____ /Expiration Date _____

City and State Where Issued _____

Name as It Appears on Passport _____

() Male () Female Marital Status: () Single () Married

Children () YES () NO If YES, HOW MANY _____ List below Names & Ages of Children

_____ yrs. _____ yrs.

_____ yrs. _____ yrs.

_____ yrs. _____ yrs.

EMERGENCY CONTACT:

1 Name _____ Relationship to you _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number – Home (____) _____ Work (____) _____

2 Name _____ Relationship to You _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number – Home (____) _____ Work (____) _____

Parent(s) Name(s): (If you are under 18 years old or living at home) _____

Have you talked with your parents about Short Term Ministry? () Yes () No

Are they supportive? () Yes () No If no, please explain:

INVOLVEMENT

Name of your church _____

Address _____

City _____ State _____ Zip _____

Church phone number _____ Fax # _____

Pastor's Name _____

How long have you been a member? _____

List the ministries with which you have been involved at your church, including time of involvement with any leadership positions held:

MISSIONS EXPERIENCE

Please list Missions experience: Country, Mission Name, Organization, Dates, Ministry, etc.,

Please indicate any foreign language training, special skills; talents or Christian service experience that you feel may be helpful on the field _____

Briefly describe why you would like to participate in this ministry opportunity:

What do you see as your role on this ministry team?

What are your spiritual gifts?

In what areas of your life have you seen spiritual growth?

Are you presently under the care of a physician? () Yes () No If yes, please explain:

Please list any medication you are taking:

Please list any allergies you have:

Please explain any physical challenges that you may face during your time with Elan Ministries/HH2G:

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activities involved in volunteering with Elan Ministries. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature _____ Date: _____
(To be completed by participant or an authorized guardian)

I authorize *Elan Ministries, Inc.* or its representatives to initiate any medically necessary care on my son/daughter's behalf in the event of my son/daughter's incapability to present themselves for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

Signature of Participant _____ Date _____

If Minor, Parents or legal Guardians must sign:

_____ Date _____

_____ Date _____

Notary

State of _____
County of _____

Signed before me and personally appeared before me (*name*) _____
on this _____ day of _____, 200____

Notary Public signature: _____
My Commission Expires: _____