

<b>For Internal Use Only</b> Entire Form – Copy for Volunteer Coordinator DM <input type="checkbox"/> Front Only – Copy for: Mailing List Coordinator <input type="checkbox"/> Card Ministry Coordinator <input type="checkbox"/> Original – Back to Executive Director <input type="checkbox"/>
---

**A Storehouse For Jesus Volunteer Information – DISTRIBUTION MINISTRIES**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Phone #s \_\_\_\_\_

Are you a Christian? Yes \_\_\_ No \_\_\_ **(Required only for those interested in interviewing or chapel positions)**  
 If yes, please briefly give your personal testimony.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you currently a Storehouse client/patient? Yes \_\_\_ No \_\_\_  
 Were you ever a Storehouse client/patient? Yes \_\_\_ No \_\_\_  
 Do you attend a church? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_

**(Optional, but very helpful)** - To help us keep our mailing list up to date, please provide us with any of the following information regarding your church:

Church Mailing Address (especially if PO Box) \_\_\_\_\_  
 Church Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Volunteer Experience (within and outside the Church):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What talent, skills or interests do you have that you might bring to this ministry?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Page 2 – Volunteer Information Form – DISTRIBUTION MINISTRIES

I am interested in volunteering during the following hours:

- Monday: 9 am – 12 noon \_\_\_\_\_, 12 noon – 2 pm \_\_\_\_\_, 2 – 5 pm \_\_\_\_\_
- Tuesday: 9 am – 12 noon \_\_\_\_\_, 12 noon – 2 pm \_\_\_\_\_, 2 – 5 pm \_\_\_\_\_
- Wednesday: 9 am – 12 noon \_\_\_\_\_, 12 noon – 2 pm \_\_\_\_\_, 2 – 5 pm \_\_\_\_\_
- Thursday: 9 am – 12 noon \_\_\_\_\_, 12 noon – 2 pm \_\_\_\_\_, 2 – 5 pm \_\_\_\_\_
- Friday: 9 am – 12 noon \_\_\_\_\_, 12 noon – 3 pm \_\_\_\_\_
- Saturday: 9 am – 12 noon \_\_\_\_\_, 12 noon – 3 pm \_\_\_\_\_

Note: Volunteers are welcome Monday – Thursday evenings. Call ahead to be sure someone is available to let you in.

Other \_\_\_\_\_

Comments \_\_\_\_\_

**VOLUNTEER POSITIONS:** Please check any positions you may be interested in.

- |   |   |
|---|---|
| Administrative Secretary _____                      | Interviewer ( <i>Interviewers must believe in our Statement of Faith, be a born-again Christian, be nonjudgmental, and have a compassionate &amp; loving heart.</i> ) _____ |
| Bible Study Teacher _____                           |   |
| Biblical Counseling Foundation Teacher _____        | Layette Organizer _____   |
| Birthday Closet Organizer _____                     | Loading Dock Worker ( <i>Must have a strong back. There is an urgent need for Friday through Sunday and holiday volunteers in this position</i> ) _____                     |
| Chapel Children's Ministry Teacher _____            |   |
| Check-Out Clerk _____                               | Lobby Children's Ministry Worker _____  |
| Christmas Assistant _____                           | Mail Clerk _____  |
| Clothing Sorter and Organizer _____                 | Media Recording Technician _____  |
| Correspondence Clerk _____                          | Missions Shipments Organizer _____  |
| Custodian _____                                     | Office Clerk _____  |
| File Clerk _____                                    | Proofreader _____   |
| Financial Counselor _____                           | Publications Clerk _____  |
| Floater _____                                       | Purchasing Agent _____  |
| Food Buyer ( <i>Must have a strong back</i> ) _____ | Receptionist _____  |
| Food Pantry Worker and/or Stocker _____             | School Supplies Closet Organizer _____  |
| Furniture Room Worker _____                         | School Supplies Distribution Worker _____   |
| Ghana Medicine Packer _____                         | Security Guard _____  |
| Ghana Mission Team Member _____                     | Spanish Interpreter _____   |
| Gopher _____  | Transport Worker ( <i>Must have a strong back</i> ) _____   |
| Grounds Maintenance Worker _____                    | Warehouse Worker ( <i>Must have a strong back</i> ) _____   |
| Home Visitation and Delivery Team Member _____      | Weekend Volunteer Supervisor _____  |
| Household Items Organizer _____                     | Youth Volunteer Coach _____   |

Date of volunteer orientation \_\_\_\_\_  
Date volunteer began working \_\_\_\_\_

## **A STOREHOUSE FOR JESUS VOLUNTEER STAFF POSITIONS**

Bulk Mail Coordinator  
Card Ministry Coordinator  
Christmas Distribution Coordinator  
Community Service and Freshman Success Coordinator  
Computer Coordinator  
Emergencies Coordinator  
Food Pantry Coordinator  
Ghana Shipment Coordinator  
Home Visitation Coordinator  
Loading Dock Coordinator  
Mailing List Coordinator  
Maintenance Technical Coordinator  
Missions Shipment Coordinator  
Press Coordinator  
Reports Coordinator  
TEFAP Inventory Report Coordinator  
Thanksgiving and Christmas Client Requests Coordinator  
Thanksgiving and Christmas Sponsor Assignments Coordinator  
Thanksgiving Distribution Coordinator  
Transport Coordinator  
Volunteer Appreciation Dinner Coordinator  
Volunteer Hours Coordinator  
Warehouse Coordinator  
Weekend Volunteer Coordinator  
Workroom Coordinator

## **CHAPEL AND BIBLE STUDIES VOLUNTEER POSITIONS**

*All volunteers must be born-again Christians and believe in our Statement of Faith.*

Chapel Director  
Bible Study Teacher  
Biblical Financial Counselor (*Must be experienced*).  
Biblical Foundation Classes Teacher  
Children's Ministry Teacher  
Music Leader  
Pianists  
Preacher

**A Storehouse For Jesus**  
**Agreement Form for All Volunteers, Students, Community Service Workers, Etc.**

\_\_\_\_\_  
Volunteer Name

\_\_\_\_\_  
Parent Name  
(if volunteer is less than 18 years of age)

\_\_\_\_\_  
Witness Name

**Liability Release**

I understand that I am responsible for my safety while on the premises of A Storehouse For Jesus, while traveling in the Storehouse vehicles to the Food Bank or picking up at other locations, and traveling to and from A Storehouse For Jesus.

I hereby release and hold harmless A Storehouse For Jesus, its directors, officers, volunteers and any independent contractors from and against any and all actions, losses or claims of any nature, which may arise as a result of an accident or injury suffered by a family member or myself while volunteering or being transported to or from A Storehouse For Jesus.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if less than 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Volunteer Confidentiality Agreement**

As a volunteer of A Storehouse For Jesus I agree to keep all information on clients and patients in the strictest confidence. I agree not to reveal the identity of any client or patient I may encounter at the Storehouse. I agree not to discuss any client's or patient's situation outside the Storehouse.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if less than 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Medical Release and Emergency Consent Form**

In the event of illness or injury requiring immediate medical attention, representatives of A Storehouse For Jesus are hereby authorized to take whatever action is deemed by them to be appropriate under the circumstances to provide medical treatment for the individual named below, including, but not limited to the following; administer first aid, obtain services of a physician, transportation to the nearest available hospital, admit to a hospital, consent to medical treatment or surgery. I understand that I will be responsible for any expenses incurred on my behalf in connection with such treatment.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if less than 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date