

**"Because Christ died - we live"**

*Romans 5:17-20*

THE

PLACÉ

**P. O. Box 7255 ~ Jackson, MS 39282 ~ 601.519.0499**

# VOLUNTEER APPLICATION

**Applicant Form:** Print *clearly* and return the completed form to the Volunteer Services Department.

(Check one) <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.		Today's Date:	
First Name:		Middle:	Last: Name:
Home Street Address:			
City:		State:	Postal Zip code
Home Telephone: (    )		Date of Birth:	
Work Telephone: (    )		Social Security No: <small>Only needed once you start vp;inteeromg for background check</small>	
Cellular Telephone: (    )		E-Mail Address:	
Are you currently employed? <input type="checkbox"/> Yes (If yes, please complete information below) <input type="checkbox"/> No			
Employer:		Address:	
Describe Job Duties:			
<b>EMERGENCY INFORMATION:</b>			
Name:		Relationship:	
Home Telephone: (    )		Work Telephone: (    )	
Name of Primary Physician:		Telephone No: (    )	

**Do you have any physical limitation or mental disorder that would impair your ability to perform as a volunteer in the Medical Center without any supplemental assistance?** ☐ Yes ☐ No

**If yes, explain:**

**Have you ever been arrested or convicted of a crime?** ☐ Yes (If yes, please explain below) ☐ No

(An affirmative response will not automatically disqualify you from being considered).

Name of friends and/or relatives employed or volunteering at The Healing Place?		
Name:	Relationship:	Department:
Name:	Relationship:	Department:

<b>Education:</b>			
Name of High School:		High School Graduate (check)	Yes      No
Name of College:		College Graduate: (check)	Yes      No
Name of Graduate School:		Graduate School Graduate (check)	Yes      No
Specialized Education or Training (Please list):			
<b>Personal References:</b>			
Name:		Relationship:	Telephone:
Name:		Relationship:	Telephone:
<b>Volunteer Experience:</b> (List current or previous volunteer activities you have been involved with):			
Name of Volunteer Program		Type of Duties Performed	Date
1.			
2.			
3.			
Please explain your interest in volunteering:			
Is there a particular type of assignment or volunteer duty you would prefer to do?			
Type of Volunteer Assignment Preferred: (Check all that apply)	<input type="checkbox"/> Volunteering in on site programs directly connected with the youth and/or adults in transition.	<input type="checkbox"/> Volunteering in programs that involved clerical duties and/or sponsor contacting.	<input type="checkbox"/> Volunteering in outreach programs where I will interact with the community as a whole.
List languages spoken other than English:		List Languages written other than English:	
Volunteers may assist as interpreters. If you are interested in serving as a volunteer interpreter, Are you willing to interpret? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:			

**VOLUNTEER ASSIGNMENTS:**

Shift schedules are normally based on a 4-hour assignment. Volunteer assignments can start as early as 5:00 A.M. in the morning. Assignments start times vary by departments and are available throughout the day and into the evening. If you are wanting to volunteer on the WATCHES (ministerial staff) these shifts are based on 4-hour watches and begin at 6:00 A.M. and carry on throughout the day (as this is a 24 hour ministry). Please indicate that you are interested in WATCHES!

Indicate the day or days of the week you are available to volunteer as well as the starting shift schedule you would prefer. If you are flexible in the days of the week and starting time, please go ahead and place a check in any of the boxes based upon your availability. This information will help us to determine the possible position openings that may be of interest to you when you meet with the Volunteer Services Coordinator.

**Please Check (☞) the Shift Schedule(s) and Day(s) You Are Available to Volunteer**

<b>Volunteer Shift Start Times</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Early Morning between 5:00 AM to 9:00 AM</b>							
<b>Morning between 9:00 AM to 1:00 PM</b>							
<b>Afternoons between 1:00 PM to 5:00 PM</b>							
<b>Evenings starting after 5:00 PM</b>							

Please indicate below the skills and/or experiences you possess and would be willing to utilize in at The Healing Place.

<b>Office and/or Technical Skills</b>	<b>Creative Skills</b>	<b>Other Skills</b>
☞ Accounting	☞ Humor/Storytelling	☞ Customer Service Experience
☞ Computer Knowledge	☞ Board or Card Games	☞ Food Service Experience
☞ Filing	☞ Musical Instruments	☞ Mailroom Experience
☞ Office Machines (10-key Adding)	☞ Sing	☞ Other:
☞ Reception Desk Skills	☞ Sewing/Needlework	☞ Other:
☞ Telephone	☞ Drawing/Painting	
☞ Typing	☞ Make-Up (Cosmetology)	
List Other skills and/or experiences:		

**APPLICANT'S STATEMENT**

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to have any of the statements checked by the organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discovered at a later date.

I authorize representatives of The Healing Place to conduct a thorough investigation of my activities, and authorize all references provided in this application, as well as all other individuals, whom the Organization or its representatives may contact, to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility of the Organization, all persons and entities acting on its behalf, and all persons and entities requesting or supplying such information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Thank you for completing the volunteer application! Please remit the completed application to the Volunteer Services Department via fax: 601.914.0268; scanned email to [info@thehealingplacejackson.com](mailto:info@thehealingplacejackson.com) or mail to P.O. Box 7255 Jackson, MS 39282. A representative of the will contact you to set up an appointment to meet with a Volunteer Coordinator to discuss volunteer opportunities at The Healing Place.