



VOLUNTEER APPLICATION

Please submit completed application by mail to -

P. O. Box 235

Randallstown, MD 21133

Or via email to -

E-mail: info@imaginementor.org

If you have any questions, please contact our Ministry Center at (410)523-LOVE (5683)

We appreciate your interest in becoming an Imagine Me volunteer.

All information will be kept confidential.

Personal Information:

Name: _____
 First Middle Last

Address: _____
 Street City State ZIP

Home phone: _____ Mobile phone: _____

What is your preferred contact number? _____

Date of Birth: _____ Age: _____

Email: _____

Family: Single Married Divorced Separated

Do you have children? Yes No

Our organization requires all volunteers to consent to a background check, Do you consent?

Yes No

Educational Background (mark one):

- | | |
|---|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Graduate/professional school |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Technical school |
| <input type="checkbox"/> Some college | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Other (please specify) | |

Employer Information:

Name/address of employer

Work phone _____

Occupation _____

E-mail address

Volunteer Information:

How did you hear about Imagine Me Ministries, Inc.?

Have you served as a volunteer for any other organizations? Yes No

If yes, please list the organization(s) and your role as a volunteer

What day(s)/time(s) are most convenient for you to volunteer?

Write a brief statement on why you have chosen to volunteer at Imagine Me Ministries, Inc.

Please describe any professional or personal experience you think might be relevant to our program:

List any special interests, skills, or hobbies you may have:

What clubs, groups, sororities and the like, if any, do you belong to?

Spiritual Information:

Are you currently a member of a church? If so, which church do you attend?

Are you currently involved in any ministries? If so, please describe.

Please write a short paragraph explaining your spiritual journey and talk about your present relationship with Jesus Christ, if any.

Optional - Additional Questions/Comments/Suggestions/Concerns:

Release for Publication

Please initial below

During the course of the Imagine Me experience, there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation. By initialing below, you may choose to grant or deny Imagine Me, permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, web-site, online, brochures, special fundraising activities, scrapbook, videos and photo albums for use in public understanding and support of the Imagine Me program. By granting permission below, you hereby release and hold harmless Imagine Me from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes.

_____ “**YES**, I give permission to be
photographed and/or
videotaped for publication”.

_____ “**NO**, I deny consent to be
photographed and/or
videotaped for publication”.

REFERENCES

List three people who can serve as a character reference for you.

Reference 1:

Name _____

Address _____

City _____ State/ZIP _____

Phone number _____

Relationship _____

Reference 2:

Name _____

Address _____

City _____ State/ZIP _____

Phone number _____

Relationship _____

Reference 3:

Name _____

Address _____

City _____ State/ZIP _____

Phone number _____

Relationship _____

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent volunteer application forms, is grounds for dismissal.

Signature _____

Date _____