



VOLUNTEER INTAKE FORM

Disclaimer: Thank you for your interest in volunteering for **Vessels of Honor Intercessory Prayer Ministry Inc./ Vessels of Honor Inc.** This form is used to collect information about new volunteers and used for internal purposes only. The information you provide is confidential and will not be shared.

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____

Date of Birth: ____/____/____

Spoken Language(s): English Other: _____

Current Volunteer Work: _____

Do you need to fulfill a specific requirement of volunteer? Yes No

Student Court Mandate Other: _____

If yes, how many hours are you required to fulfill: _____

What is the deadline: _____

List and physical or medical limitations:

| |
|--|
| |
|--|

EMERGENCY CONTACT

Emergency Contact Name: _____ Relationship: _____

E-Mail: _____ Phone: _____

AVAILABILITY

List the days and times you are available to volunteer:

Would you like to be notified about one-time, short-term volunteer opportunities? Yes No

INTERESTS & QUALIFICATIONS

Kind of volunteer assignment desired? **Please circle all that apply:**

Intercessory Prayer, Outreach Activities, Media, Marketing, Administration, Grant Research / Writing, Fundraising, Special Events, Event Planning, Community Food Program, Mentorship Program, Educational Program, Leadership Program

Skills and qualifications: _____

Highest level of education: _____ Driver's License? Yes No

ACKNOWLEDGEMENT

I recognize that the opportunity to participate in the **Vessels of Honor Intercessory Prayer Ministry Inc / Vessels of Honor Inc** volunteer program may involve physical labor and may carry a risk of personal injury and I hereby agree to assume all risks which may be associated with my participation. I hereby release, discharge, waive and relinquish all claims, liabilities and damages I may sustain from bodily injury, personal injury or property damage and hold harmless the **Vessels of Honor Intercessory Prayer Ministry Inc. / Vessels of Honor Inc** its officers, directors, employees and agents.

Volunteer Signature: _____ Date: _____

Print Name _____