

# Volunteer Application

**Our Father's Family Keeper Ministries**



PO Box 9 Vandalia, MI 49095  
Phone: 269-476-1257  
Cell: 269-580-1786  
ourfathersfamilykeeper.org  
ourfathersfamily@ymail.com

Thank you for your interest in volunteering with **Our Father's Family Keeper Ministries (OFFKM)**. Please fill out the application form below. All information is confidential.

**Note:** Volunteers must have reliable transportation for in-person roles and reliable computer equipment with internet access for virtual roles.

## Personal Information

Full Name:					
Time Zone:		Gender (optional):		Age:	
City, State, Zip:					
Email Address:		Phone Number:			

Are you legally authorized to work or volunteer in the U.S.?

Yes  No

## Volunteer Preferences

### Positions of Interest

Check all that apply.

- Board of Directors Member (also complete *supplemental application*)
- Marketing / Social Media / Publicity (Virtual)
- Community Garden (Seasonal: March–October)
- Village Free Store (organizing, lifting / loading, donation pick-ups)
- Cleaning Recycled Rx Bottles (prep for international aid)
- Other: \_\_\_\_\_

### Availability

Preferred Hours per Week/Month: \_\_\_\_\_

Preferred Days:  Sun  Mon  Tue  Wed  Thu  Fri  Sat

Preferred Times:  Morning  Afternoon  Evening

Are you willing to undergo training for this position?

Yes  No

## Skills and Interests

List any relevant skills, certifications, or interests.

## Experience and References

Have you volunteered before?  Yes  No

If yes, Organization Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

May we contact this organization?  Yes  No

### References

Please provide at least two.

<b>Name:</b>		Relationship:	
Phone:		Email:	
<b>Name:</b>		Relationship:	
Phone:		Email:	

## Criminal History

Have you ever been convicted of a misdemeanor, felony, or have any pending charges?  Yes  No

If yes, please explain: \_\_\_\_\_

*Note: A conviction will not automatically disqualify you. This information is considered in the context of your role.*

## Additional Information

Why are you interested in volunteering with OFFKM?

How did you hear about us?  Social Media  Website  Friend/Family  Other: \_\_\_\_\_

Do you require any special accommodations?  Yes  No

If yes, please describe: \_\_\_\_\_

## Consent and Signature

I certify that all information provided is accurate and complete. I authorize OFFKM to verify my information and conduct reference or background checks if required for the position.

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Volunteer Signature

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Date

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Printed Name

## Parental Consent (for Applicants Under 18)

I, the undersigned, give permission for my child to volunteer with OFFKM and authorize OFFKM to obtain emergency medical treatment if necessary.

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Parent / Guardian Signature

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Date

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Printed Name

**Please submit the following completed documents to [ourfathersfamily@ymail.com](mailto:ourfathersfamily@ymail.com):**

Volunteer Application Form (this form) | Terms and Conditions for Volunteering Form

**Our Father's Family Keeper Ministries** acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, or marital status.