

GROUP VOLUNTEER APPLICATION

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_ Work/Alternative Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Doctor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions pertinent to volunteering: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

STILL CREEK RANCH STATEMENT OF CONDUCT

* I will abide by the policies of Still Creek Ranch/Still Creek Christian Academy by providing direct care and supervision to the residents/students.
* I fully understand that the purpose of volunteering is to be used by God to serve the children and staff at Still Creek Ranch.
* I hereby pledge to maintain the confidentiality of all residents/students in the care of Still Creek Ranch/Still Creek Christian Academy.
* I will not abuse any resident/student in the care of Still Creek Ranch/Still Creek Christian Academy in any manner.
* I will not bring any alcoholic beverage or illegal drugs to the property.
* I will not be under the influence of any alcoholic beverage or illegal drugs while volunteering at Still Creek Ranch/Still Creek Christian School.
* I fully understand that my volunteer status with Still Creek Ranch/Still Creek Christian Academy will be terminated for violation of these policies.
* I fully understand that my volunteer status with Still Creek Ranch/Still Creek Christian Academy will be terminated for violation of these policies

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Date Approved: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_