



LIBERATING TAMAR INC.

"Healing The Wounded; Mending The Broken!"

Volunteer Application and Agreement

Last Name: _____ First Name: _____ Middle Initial _____

*Name of Parent or Guardian: _____ Telephone No: _____

**If volunteer is under 18 years, the parent or guardian must complete a volunteer application and agreement waiver.*

Address: _____ Tel: _____ (H); _____ (O)

_____ Cell: _____ Fax: _____

_____ EMAIL: _____

Place of Employment: _____

Date of Birth: _____ High School Graduate Y _____ N _____ College Graduate Y _____ N _____

Emergency Contact: _____
(Name) (Tel.No. Indicate Home, Work or Cell) (Relationship)

Have you ever volunteered with a faith based organization in the past? Y ___ N ___ If Yes, please list the name(s) of the organization and describe your overall experience: _____

Please list your prior volunteer experience over the last 3 years: (Type of volunteer experience and length of time)

Please indicate the type of volunteer work you might be interested in:

- | | | |
|---|---|---|
| <input type="checkbox"/> Group coaching or teaching | <input type="checkbox"/> Event planning | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> One on one coaching | <input type="checkbox"/> Administration | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Helping with fundraising | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Worship | <input type="checkbox"/> Poetry | <input type="checkbox"/> Other (please explain) |

REFERENCES: List two people, not related to you who have knowledge of your volunteer work experience. **Please provide a two reference letters or emails from the individuals listed outlining their knowledge of your volunteer work experience.**

Name: _____ Tele. No.: _____

Name: _____ Tele. No.: _____

As a volunteer for Liberating Tamar Inc., I agree to abide by all applicable rules and regulations of the organization. I understand that I will receive no monetary benefits in return for my volunteer service and that Liberating Tamar Inc. may terminate this agreement at any time without prior notice for any reason. I hereby authorize Liberating Tamar Inc. to confirm my submitted reference letters.

As a volunteer for Liberating Tamar Inc., I agree to adhere to the following guidelines:

1. Respect all Liberating Tamar directors, officers, agents and volunteers according to 1Peter 2:17;
2. Demonstrate humility according to James 4:10;
3. Function with an awareness of God's presence during events/activities according to Proverb 15:3;
4. Guard my heart against offenses according to Proverb 4:23;
5. Remain intentional about working towards unity according to Psalms 133:1,3;
6. Pray collectively for the organization and its activities, events and services;
7. Refrain from abusive language or physical activity while serving as a volunteer;
8. Attend all required volunteer training sessions

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview and upon approval an orientation with the on site manager.

I understand that the terms and conditions of this Agreement are absolutely confidential between the parties and shall not be disclosed to anyone else, except as shall be necessary to effectuate its terms. Any disclosure in violation of this section shall be deemed a material breach of this Agreement.

I hereby Release and Waive liability against Liberating Tamar Inc., a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for Liberating Tamar Inc. Further, I agree that Liberating Tamar Inc., is not liable for any damage to my property or my dependent's property resulting from volunteer work for Liberating Tamar. I agree that this release is as broad and inclusive as permitted by the laws of the State of New Jersey.

Note: Form shall be completed and mailed to **P.O Box 1493, Hightstown NJ 08520** or emailed to **LiberatingTamar@yahoo.com**.

Volunteer Signature: _____ **Date:** _____