



# ISOH/IMPACT Volunteer Application

**25182 W. River Rd. • Perrysburg, OH 43551**  
**419.878.8548      www.isohimpact.org**

<b>Our Policy</b>
It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.
<b>Contact Information</b>
Name:
Street Address:
City, State & Zip Code:
Home Phone / Cell Phone:
Work Phone:
E-Mail Address:

<b>Availability</b>	
During which hours are you available for volunteer assignments? (Check all that apply)	
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

<b>Interests</b>	
Tell us in which areas you are interested in volunteering. (Check all that apply)	
<input type="checkbox"/> Administration	<input type="checkbox"/> Medical Missions
<input type="checkbox"/> Events	<input type="checkbox"/> The Children's Lighthouse
<input type="checkbox"/> Field work	<input type="checkbox"/> Cooking
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Deliveries	<input type="checkbox"/> Field Trips
<input type="checkbox"/> Phone bank	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Newsletter production	<input type="checkbox"/> Volunteer coordination

<b>Previous Volunteer Experience, Skills &amp; Qualifications</b>
Summarize your previous volunteer experience along with any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### Person to Notify in Case of Emergency

Name:

Street Address:

City, State & Zip Code:

Home Phone / Cell Phone:

Work Phone:

E-Mail Address:

### Medical History – please attach additional pages of explanation if necessary

Name of Physician:

Physician's Address & Phone #:

Date of your last physical:

Do you consider yourself to be in good physical health? \_\_\_ Y \_\_\_ N

If no, please explain:

Any known health problems? \_\_\_ Y \_\_\_ N If yes, please explain:

Are you currently taking any medications? \_\_\_ Y \_\_\_ N If so, what?

Have you ever been convicted of child abuse or sexual misconduct? \_\_\_ Y \_\_\_ N

If yes, please explain. Use additional pages if necessary.

Do you have any outstanding warrants or legal convictions? \_\_\_ Y \_\_\_ N

If yes, please explain. Use additional pages if necessary:

### Alcohol, Tobacco & Narcotics

We are a Christian organization that deals with many cultures and beliefs. In our travels, we have learned that different cultures view the usage of pornography, tobacco and alcoholic beverages in many ways. Therefore, it is our decision that we do not want any team members using pornography, tobacco or alcoholic beverages while representing ISOH/IMPACT.

Can you abide by this decision? \_\_\_ Y \_\_\_ N

The usage of illegal narcotics is absolutely forbidden and will not be tolerated. By filling out this application and signing it, you acknowledge that you are in full agreement with this and you do not have an addiction that will cause problems in performing your duties as a team member.

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed):

Signature:

Date:

Printed Name of Parent if Participant is under the age of 18

Signature of Parent if Participant is under the age of 18