



## Volunteer Application

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Language (s) Spoken \_\_\_\_\_

Current Employer \_\_\_\_\_

Name of Organizations where applicant has partnered/volunteered in the past or

Present \_\_\_\_\_

Training/Experience (including degree) (s): CPR, Certifications, and Licenses, with expiration

Dates

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

Skills/Talents/Gifts \_\_\_\_\_

\_\_\_\_\_

Revised copy 04/21/11

**"All your words are true; all your righteous laws are eternal"**

**Psalm 119:60**

**PO Box 11045 Saint Louis, Missouri 63135 314-532-8820**

**[www.restorationasapministriesinc.com](http://www.restorationasapministriesinc.com)**



**Volunteer Application continue**

*Check Area (s) of Interest*

Intercessor Prayer Team ____ Prayer Walking ____ Community Service ____
Block Clinics ____ Conferences ____ Seminars ____ Youth/Mentoring ____
Phone Work ____ Travel Team – USA/Foreign ____ (passport required)
Hours of Availability ____ Day of the Week ____ Weekends ____ Holidays ____

Reason for Volunteering

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2 References w/phone#

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How did you hear about us?

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A telephone interview will be conducted after a review of your volunteer application.

Revised copy 04/21/11

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***\*Please note: For all volunteers, a completed application must be on file to participate.***

**Restoration ASAP Ministries Incorporation  
"WAIVER OF LIABILITY/HOLD HARMLESS AGREEMENT"**

**A copy will be mailed or emailed to you upon completion of the" Volunteer Application"**

It is a pleasure to know you have decided to partner with Restoration ASAP Ministries, Inc and "Take Jesus Christ to the Streets"...The Board of Directors.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

revised copy 04/21/11

Please return completed Volunteer Application to:

Restoration ASAP Ministries, Incorporation

PO Box 11045

Saint Louis, Missouri 63135

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