



CREATIVE OUTREACH MINISTRIES

Volunteer Application

Return form to info@creativeoutreach.com or P.O. Box 1325, Montgomery, TX 77356

1 General Information

Name:

Date:

Address:

City:

State:

Zip:

Home/Cell Phone:

Work Phone:

Ext:

Email Address:

How did you hear about us?

2 Volunteer Experience

Please list any organizations or ministries that you are currently or have previously been involved with. For additional space, please use the back of this form.

Organization/Ministry:

Dates Volunteered: From:

To:

Briefly describe your participation:

Organization/Ministry:

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To:

Briefly describe your participation:

3 About You

a. Do you hold any certificates/licenses in any area? Yes No

If yes, please explain:

b. List any special skills:



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c. Do you speak any other languages? Yes No
If yes, which language(s):

d. When did you come to a saving knowledge of Jesus Christ?

e. Do you attend church regularly? Yes No Where?
List any areas of involvement:

4 Availability

<p>We recognize how valuable your time is!</p> <p>Please check the days and times you are available to volunteer.</p> <p>After hours classes and special events are also available. Please check creativeoutreach.com for our upcoming schedule.</p>	Day	Morning	Mid-Day	Afternoon
	Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Creative Outreach/ Community Hope	Angelic Resale	New Life Women's Center
Tuesday - Friday: 11 a.m. - 5 p.m.	Tuesday - Friday: 10 a.m. - 6 p.m. Saturday: 10 a.m. - 5 p.m.	Tuesday - Saturday: 9 a.m. - 5 p.m.

5 Please check the areas that you are interested in:

Creative Outreach Office	Angelic Resale	New Life Women's Center
<p>Projects listed in this section are ministry-wide.</p> <p><input type="checkbox"/> Fundraising</p> <p><input type="checkbox"/> Advertising/PR</p> <p><input type="checkbox"/> Administrative projects</p> <p><input type="checkbox"/> Event planning</p> <p><input type="checkbox"/> Maintenance</p> <p><input type="checkbox"/> Prayer</p>	<p><input type="checkbox"/> Donation Center</p> <p><input type="checkbox"/> Special store projects</p> <p><input type="checkbox"/> Stocking/Organizing</p> <p><input type="checkbox"/> Cleaning</p> <p><input type="checkbox"/> Displays</p>	<p><input type="checkbox"/> Special activities for NLWC students (<i>crafts, sewing, etiquette, etc.</i>)</p> <p>Please list interest: _____</p> <p><input type="checkbox"/> Organizing/Helping with service projects</p>
Community Hope	Hope Events	Outreach
<p><input type="checkbox"/> Packing client food bags</p> <p><input type="checkbox"/> Organizing, stocking and cleaning food pantry</p>	<p><input type="checkbox"/> Set up/Break down events</p> <p><input type="checkbox"/> Special tasks during events</p> <p><input type="checkbox"/> Security/Parking, etc.</p>	<p><input type="checkbox"/> Evangelism</p> <p><input type="checkbox"/> Food & clothing distribution</p> <p><input type="checkbox"/> Special events</p>



6

Medical Liability Release

Do you have any medical limitations that we need to be made aware of so we can place you in a position that would suit you best?

Are you taking any medication that could put you at risk?

I, _____ release Creative Outreach Ministries, Angelic Resale, New Life Women's Center, or anyone affiliated with Creative Outreach Ministries or their DBA's of all liability for any injury to myself while on their premises and/or while performing volunteer activities. I verify that the above information is accurate to the best of my knowledge. I agree to be responsible for keeping management informed if any medical conditions or medications should change.

Volunteer Applicant Signature:

Date:

In Case of Emergency, Please Notify:

Name:

Relationship:

Address:

Apartment #:

City:

State:

Zip:

Phone #:



Creative Outreach Ministries Statement of Faith

Needs abound in our community and the branches of Creative Outreach Ministries (Angelic Resale, Community Hope and New Life Women's Center) were formed to help serve each in its own unique way. Today, Creative Outreach is a thriving non-profit, supported by servant-hearted community members, searching together for new ways to spread the hope and love of Jesus Christ.

Our Value Statement

- We believe the authority of the Bible and are committed to use it to affirm God's direction for our ministry and the lives of those we help.
- We love the local church body and support it however possible.
- We look to the example of Christ to reach out to the spiritually and economically poor through our local assistance programs.
- We honor and value the people who generously support this ministry.
- We value integrity, credibility, and unity in ourselves and our Christian community.