

# Volunteer Application and Consent to Background Check



Hospitality In the Name of Christ

See page 2 for brief Missional Team descriptions.  
More details will be posted on the website.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Preferred method to contact you: \_\_\_\_\_ If cell phone, may we also text you? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Which Missional Team(s) would like to serve on? Please **rank in order of preference** if more than one:

<u>Weekly Missional Teams</u>	<u>Bi-Weekly Missional Teams</u>	<u>Other Missional Teams</u>
Chaplain _____	Kitchen _____	Worship Wednesdays _____
Shelter Coordinator _____	Overnight [Sleeper] _____	Laundry _____
Overnight [Awake] _____	Evening Visitor _____	Health & Wellness _____
	Janitorial _____	Prayer Partners _____

Which day(s) of the week would you like to participate? Please **rank in order of preference** if more than one:

Sun\_\_\_\_ Mon\_\_\_\_ Tues\_\_\_\_ Wed\_\_\_\_ Thurs\_\_\_\_ Fri\_\_\_\_ Sat\_\_\_\_

Are you flexible and could you serve any day of the week? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Comments:

Have you had a criminal background check conducted within the past 5 years? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, please provide the date if known and the reason for the background check.

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Please list any other names that you have used (last/first/middle): \_\_\_\_\_

Please read the following agreements before signing consent.

1. I hereby authorize Hospitality In the Name of Christ, and any of its authorized representatives, to obtain information from the Michigan State Police ICHAT system pertaining to my criminal history or information that may make me unsuitable as a Volunteer.
2. I hereby authorize you to release such information upon request to Hospitality In The Name of Christ. This Authorization is executed with the full knowledge and understanding that the information is for official use by Hospitality In the Name of Christ.
3. I hereby release you, the organization in which you represent, including its members, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization will continue in effect for 90 days from the date of signature.

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

Tammy & Tim Martin  
1516 Ivanhoe Rd., Ludington, MI 49431  
231.510.4591

[www.HospitalityIntheNameofChrist.org](http://www.HospitalityIntheNameofChrist.org)

@HospitalityINCLudington

**Official Use Only**

Approved \_\_\_\_\_ Date \_\_\_\_\_

Restricted \_\_\_\_\_ Date \_\_\_\_\_