



James 1:27 "External religious worship [religion as it is expressed in outward acts] that is pure and unblemished in the sight of God the Father is this: to visit and help and care for the orphans and widows in their affliction and need, and to keep oneself unspotted and uncontaminated from the world"

Dear Potential Volunteer,

Thank you for your interest in joining our amazing team as we minister to the families of E.S.T.H.E.R. The scripture above clearly shines a light on the heart of the Father....."**help and care for the orphans and widows in their time of NEED**".

Without our volunteers our program would not be possible. Whatever opportunity you decide to volunteer for, just know you are making a huge difference in the lives of the families we serve.

Here are a few different volunteer opportunities to choose from:

\*In The Office—

You can help with office tasks such as researching topics online, assisting administration, and answering phone calls to encourage moms.

You can help go through donations received in our clothing closet or food pantry keeping areas organized.

\*Client Appointment Assistant-

Your main responsibility is to be an ENCOURAGER during a client's appointment. You will be paired with a mom ensuring that her paperwork is filled out, assisting her in the clothing closet and ministering HOPE for any needs she may have.

\*At An Event—

You can help with registration, set-up/clean-up, serving food, photography, etc. (tasks will vary depending on the event.)

To be eligible to be a volunteer you must first fill out the volunteer application. When it has been completed you can either mail or scan your application to E.S.T.H.E.R. When I receive your application, I will contact you to set up an orientation. After that, I will be in touch with you via email to let you know about the different volunteer opportunities. All of our volunteer opportunities are based on availability. If the volunteer opportunity you are interested in is filled, you will be placed on a waiting list.

Again, thank you for your interest in our program. If you have any questions, please do not hesitate to contact me.

Sincerely,

*Marci Wild*

Marci Wild

Director

[Marci.wild@esthersmo.com](mailto:Marci.wild@esthersmo.com)

407-331-6436 ext.1421

\*Please note that all Office and Client Appointment Assistants are for females only as we are very respectful and protective of the life issues our clients are/have experienced. Our goal is to create a safe environment for ALL\*



**Spiritual Information**

Are you a born-again Christian? Yes ( ) No ( ) Approximate Date \_\_\_\_\_

Church Attending \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Church Phone Number \_\_\_\_\_

**Emergency Contact**

Name (*first & last*) \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
cell home work

Email \_\_\_\_\_

Please list 2 references:

Name	Relationship	Time known	Phone number
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been charged with or convicted of the following: (*please check yes or no*)

- a) Felony? Yes ( ) No ( )
- b) Any crime involving sexual offence, an assault or the use of a weapon? Yes ( ) No ( )
- c) Any crime involving the use, possession or the furnishing of drugs? Yes ( ) No ( )

If you answered Yes to any of the above, please explain. \_\_\_\_\_

**E.S.T.H.E.R. Single Mother Outreach has my permission to:**

*Please check below*

Run a background check on me. Yes ( ) No ( )

Please provide your social security number: \_\_\_\_\_ *\*number kept in a secure location*

Verify the 2 references and pastor that I have provided. Yes ( ) No ( )

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer for E.S.T.H.E.R. Single Mother Outreach.

\_\_\_\_\_  
Applicant Signature Date

How did you hear about E.S.T.H.E.R. Single Mother Outreach? ( ) Word of Mouth ( ) Facebook ( ) Event ( ) Other

I would like to be considered for the following volunteer opportunities: (you may select more than one)

( ) In the office ( ) Client Appointment Assistant ( ) At an Event

Do you have any hobbies or special talents?

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Please list any languages that you speak, read/ or write fluently, in addition to English \_\_\_\_\_

Have you volunteered for other organizations? Yes ( ) No ( ) (if you checked yes, please continue below)

Organization Name: \_\_\_\_\_

Describe volunteer service below

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Organization Name: \_\_\_\_\_

Describe volunteer service below

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Please describe any work or personal experience you think might be relevant to our program

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## Photo/Video Release

*Please initial below*

During the course of your experience with E.S.T.H.E.R. Single Mother Outreach, there will be occasions when you may be photographed and/or videotaped by staff, sponsors, media and others. We request permission for your participation. By initialing below, you may choose to grant or deny E.S.T.H.E.R. Single Mother Outreach permission to photograph or videotape yourself, alone or in groups, email newsletters, website, informational material, social media, videos for use in public understanding and support of E.S.T.H.E.R. Single Mother Outreach. By granting permission below, you hereby release and hold harmless E.S.T.H.E.R. Single Mother Outreach from any claims, judgments or demands, which may arise from the use of the above, referenced photographs and/or videotapes.

\_\_\_\_\_ “YES, I give permission to be photographed and/or videotaped for publication”.  
*Initial*

\_\_\_\_\_ “NO, I deny consent to be photographed and/or videotaped for publication”.  
*Initial*

## Statement of Support

*Please sign below*

I will support the administrative team and will follow their instructions concerning my area of ministry without deviation. I will always seek to promote unity and love at E.S.T.H.E.R. Single Mother Outreach and in my area of ministry. I will not gossip or betray confidence. I will report problems, questions, needs or complaints that I see to the Director and I'll inform the same if I am not able to fulfill my ministry for whatever reason. I hereby release and forever discharge and hold harmless E.S.T.H.E.R. Single Mother Outreach and its Board of Directors from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my activities with my respective volunteer work.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

**Thank you for your time in completing this application! We deeply appreciate your willingness to share yourself, your time and talents with the families E.S.T.H.E.R. Single Mother Outreach serves and to experience their gifts in return.**