



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\*

# Volunteer Application

Please print clearly and fill out the application in its entirety

Name (*first, middle and last*) \_\_\_\_\_

Home Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

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

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

Preferred method of communication (*please check*): cell home work Best time to call : \_\_\_\_\_

Male Female Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ \*T-Shirt Size \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Address \_\_\_\_\_

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

Why are you interested in volunteering with E.S.T.H.E.R. Single Mother Outreach?

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<b>Admin USE ONLY</b> Received _____ Contacted _____ Orientation _____ T-Shirt Money _____ Background Check _____
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**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

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

**DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION**

In connection with my application for employment or to serve as a volunteer with E.S.T.H.E.R. Single Mothers Outreach, I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. Client also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Client. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com).

**Acknowledgement and Authorization**

By signing below, I authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of the federal notice entitled *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary document explaining my rights under the Fair Credit Reporting Act.

\_\_\_\_\_  
Signature

TODAY'S DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLENAME/INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
  
SSN

\_\_\_\_\_  
  
D/L or STATE ID

\_\_\_\_\_  
STATE ISSUED

\_\_\_\_\_  
EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: \_\_\_\_\_

Please List Other Names Used \_\_\_\_\_

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.**