



Blue Hat Ministries
Volunteer Application
“Helping Dependent Adults Thrive”

Application Date: _____

Personal Information:

Name: _____
Social Security Number: _____
Address: _____
City: _____ State: _____ Zip _____
Home Phone: _____
Cell Phone: _____
Email Address: _____
Date Of Birth: (Month/Date/Year): _____

Employment:

Employer Name: _____
Employer Address: _____
City: _____ State: _____ Zip _____
Job Title: _____ Year Employed: _____
Employer Phone: _____

Previous Work History:

Previous Work: _____
Employer Address: _____
City: _____ State: _____ Zip: _____

References

Name: _____
Address _____
Phone: _____

Name: _____
Address: _____
Phone: _____



Other Affiliations

Organizations/Boards or Churches you are part of: _____

Education: _____

Volunteer Experience: _____

Responsibilities/Positions held as a volunteer: _____

Other:

Have you ever been convicted of a Crime or Felony?

Yes No

If yes, please attach a separate sheet and explain

How did you hear about Blue Hat Ministries? (Please check all that apply)

Family Member Church Friend

Internet Other _____

Reason(s) for wanting to volunteer for Blue Hat Ministries:

What special gifts, talents, or personality traits would you bring to this ministry?

In the space below, please share about yourself and if possible how that relates to you wanting to be a part of Blue Hat Ministries.

(Use a separate page if needed) _____



Please indicate your preferences 1- (1 being your first choice) for involvement in the following positions:

___ Driver Drivers License Number: _____
Expiration: _____

- ___ Board Member
- ___ Office Volunteer / Telephone
- ___ Repair/Construction/Skilled Trade
- ___ Financial or Spiritual Counseling (Specify which one) _____
- ___ Special Event/ Fundraising
- ___ Home Help Aid / Hospitality Aid
- ___ Other (Specify) _____

How do you rate yourself on the following scale of 1 to 10 (10 meaning Excellent, 5 meaning Average, 1 meaning Below Average)

- ___ Dependability
- ___ Spiritual Maturity
- ___ Communication Skills
- ___ Cooperation
- ___ Initiative

IMPORTANT: We are glad you are interested in joining the Blue Hat Ministries. Please read the following statement carefully before you sign and date this application.

Blue Hat Ministries, in considering my application, may verify the information on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply and information concerning my background. I have read, understood and agreed to this statement. **(Please Initial Here)** _____

I understand that as a volunteer of Blue Hat Ministries I am not covered by Blue Hat Ministries insurance **(Please Initial Here)** _____

Signature _____

Date of Application: _____

Return to: Blue Hat Ministries
P.O. Box 709
Ludington MI, 49431