



Touching Miami with Love Volunteer Application

Touching Miami with Love's mission is to share the love of Christ by offering hope, opportunities, and resources to families and individuals.

Mailing Address: P.O. Box 01-3279 Miami, FL 33101

Physical Address: 711 NW 6th Ave Miami, FL 33136 Phone: 305-416-0435

Fax: 305-416-0438

Name: _____ Male Female
First Middle Last

Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Alternate Phone: _____

I prefer to be contacted by: home work cell

VOLUNTEER MINISTRY OPPORTUNITIES

Please check the ministry areas that you are applying to serve in.

Children's Ministry ToTomorrow's Leaders After School Program, September through May (M-F afternoons) & Summer Camp (June and July)

Youth Ministry Quest Youth After School Program, September through May

Homeless Ministry Sunday morning at Central Baptist Church 500 NE 1st Avenue
Clothing closet, musician in worship service, food preparation, food distribution, & movie nights

Adult Ministry Assist with tax return program (some training required), family festivals, & Christmas Store

Office Help Receptionist volunteer, newsletter and other mailings, various office tasks

BACKGROUND SCREENING CONSENT

All applicants seeking to work in our children's and youth ministry must submit to a background screening by completing all relevant information below, signing and dating form.

I, _____, hereby authorize Touching Miami With Love and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with Touching Miami With Love.

I release Touching Miami With Love and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Social Security Number: _____ Date of Birth: ____/____/19____

How Long at Present Address? _____

Please list all states and counties of residence since turning age 18:

Driver's License Number: _____ State of License: _____

Signature _____

Date _____