

Three Circles Foundation, Inc.

Volunteer Application

Name _____ Preferred Name _____
Last First M.I.

Current Address _____
Street _____
City State Zip

Phone (Home) _____
(Cell) _____ T-shirt size _____

Email _____

Current place of employment: _____ Position: _____

Current school (if applicable): _____ Year in School: _____

The preamble of our corporate bylaws reads as follows: "Three Circles Foundation, Inc. has as its primary purpose of existence the glory of God and the furtherance of His kingdom by using its activities to educate and empower children, teaching them life skills and imparting to them the full knowledge of the Gospel of Jesus Christ."

Describe your relationship with Jesus Christ: _____

Why do you want to volunteer for Three Circles? _____

Explain any habits or situations currently in your life that are hindering your walk with Jesus: _____

How does your spouse or family feel about you volunteering for Three Circles? _____

Describe any hesitancy you may have concerning volunteering for Three Circles: _____

Three Circles Foundation, Inc.

Where do you attend Church? _____ Are you a member? _____

How long have you attended? _____ Are you an active member? _____

What involvement or roles do you play in the Church? _____

General Information:

Please list any prior camp counselor/volunteer experience: _____

Please list your interests and hobbies: _____

Please describe how you respond in stressful/emergency situations: _____

Please list skills you possess that you feel would be useful to the ministry: _____

Please describe your living situation (who lives in your home): _____

Contact Information:

Is it okay for the camp staff to contact you after normal business hours? Yes_____ No_____

If no, please explain: _____

What is the best way to contact you? phone____ Text____ e-mail____

Three Circles Foundation, Inc.

References: Please list three references (note TYPE of reference):

1) Church Leader Name _____ Relationship _____

Phone _____ E-mail _____

Years known: _____

2) Work-related Name _____ Relationship _____

Phone _____ E-mail _____

Years known: _____

3) Family Member Name _____ Relationship _____

Phone _____ E-mail _____

Years known: _____

BY SIGNING BELOW, I AGREE TO THE FOLLOWING:

- I have truthfully completed the above application to the best of my knowledge.
- I authorize Three Circles Foundation, Inc. to perform a criminal background check on me.
- I understand that the provided information may be shared with staff members/volunteers.
- I give Three Circles Foundation permission for my picture to be taken and possibly published.
- I have read and agree to abide by the Volunteer Handbook

Signature

Date

PLEASE RETURN ALL COMPLETED FORMS TO:

*Three Circles Foundation
224 Perennial Springs Rd.
Summerville, GA 30747*

OR SCAN AND EMAIL TO:

info@threecirclesfoundation.org

Three Circles Foundation, Inc.

VEHICLE INSURANCE VERIFICATION FORM

Date ____ / ____ / ____

I have legal and current vehicle insurance on the vehicle I will be using as a volunteer for Three Circles Foundation when transporting clients, volunteers, or staff.

I understand the minimum vehicle insurance requirements outlined in the Volunteer Handbook and will notify Three Circles Foundation if my vehicle insurance is cancelled, revoked, or otherwise discontinued during my involvement with the ministry.

Signature

Printed Name

Three Circles Foundation, Inc.

Staff/Volunteer Medical and Liability Release Form

I, _____, hereby release Three Circles Foundation, Inc. and all agents and employees of Three Circles Foundation, Inc. from all liability in the event of accidental injury or death. If I am injured or rendered unconscious, I will allow medical treatment decisions to be made by the persons listed below. I also assume the responsibility for the payment of any such medical treatment. I understand that this release is effective for the duration that I am involved with Three Circles Foundation, Inc.

ADDRESS: _____

PHONE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

In case of an emergency any of the following persons are designated to act on my behalf:

· Name: _____ Phone Number: _____

· Name: _____ Phone Number: _____

· Any Three Circles Foundation, Inc. staff member

PHYSICIAN: _____

PHYSICIAN CONTACT INFO: _____

MEDICAL CONDITIONS/MEDICATIONS BEING TAKEN: _____

KNOWN ALLERGIES (including Food and Medical allergies): _____

MEDICAL INFORMATION PRIVACY POLICY of Three Circles Foundation, Inc. ("TCF")
We will keep all volunteer medical records ("information") private in conformity with federal, state, and local laws. The information will be maintained in a secure location that is accessible only by TCF staff for purposes including, but not limited to, the information becoming necessary to address a medical emergency, and/or the receipt of a request by the parent or legal guardian of the volunteer for the information to be returned and/or purged from the records of TCF. We reserve the right to share the information with state or local government upon reasonable request as is necessary for settling any legal matter regarding the volunteer or TCF. We also reserve the right to share the information with medical professionals as is necessary for the administration of emergency medical treatment.

SIGNATURE: _____ DATE: _____