



VOLUNTEER APPLICATION

GENERAL INFORMATION:

Name: _____

Address: _____ City, Zipcode, State: _____

Age: _____ Birthdate: _____ / _____ / _____ School: (Circle): High College+

School Attending: _____ Grade: _____

Email: _____ Phone: _____

SPIRITUAL INFORMATION:

Have you received Jesus Christ as your personal Savior? Circle: Yes No

When and where did you receive Christ? _____

Give a brief testimony about your Salvation experience and how Jesus changed your life:

Why are you interested in volunteering in an ICM Kids event?:

Office Use Only:

Event Name: _____

Date: _____

What is your availability:

Date	Morning Times	Afternoon Times	Evening Times
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

What can you contribute to the event? (Singing, instruments, computer skills, media skills, etc.)

OTHER INFORMATION:

Have you ever been convicted of a misdemeanor or felony? Circle: Yes No

Have you ever been arrested? Circle: Yes No

Please list any references:

1. Name: _____ Relation (Boss, Coworker, Pastor, etc.): _____

Phone Number: _____ Email: _____

2. Name: _____ Relation (Boss, Coworker, Pastor, etc.): _____

Phone Number: _____ Email: _____

3. Name: _____ Relation (Boss, Coworker, Pastor, etc.): _____

Phone Number: _____ Email: _____

4. Name: _____ Relation (Boss, Coworker, Pastor, etc.): _____

Phone Number: _____ Email: _____

AGREEMENT:

I, _____, hereby authorize the contact of the above references and that all the information above is answered to the best of my knowledge. I also understand that ICM Kids and Iglesia Cristiana Misericordia reserve the right to deny or suspend my application based on the above information and personal acts during any event.

Print Name: _____ Signature: _____

Date: _____

If you are under the age of 18 please provide a parent/guardian signature:

Parent/Guardian Signature Name (printed): _____

Parent/Guardian Signature: _____

Date: _____



Please return to:

Jeff or Paula Miller
ICM Kids
Iglesia Cristiana Misericordia
4519 E. Del Mar Blvd Laredo, TX 78041
Email: kids@myicm.com
Phone: 956-712-2484



Liability Waiver Form

I _____ (print name) hereby assume all responsibility for any and all risk of property damage or bodily injury that I _____ may sustain while participating in a Iglesia Cristiana Misericordia event or activity. I Understand that ICM is a nonprofit charitable institution, which is voluntarily presenting this program to me, my child, other participants, and the community. I also understand that the program has activities that can involve physical contact with other participants, the ground or equipment, and that there is a resulting risk of physical injury to myself. I authorize that I am in proper physical condition and have no existing injuries or condition that could jeopardize my safety or health, or the safety or of the other participants. I therefore release and discharge all liability for any harm of injury suffered directly or indirectly as a result my participation in the ICM event, whether or not resulting from negligence, and I agree not to sue Iglesia Cristiana Misericordia, its representatives, staff, or volunteers on any such claim. My release is absolute to all claims, demands, causes, or actions, damages cost and expenses which may arise as a result of my injury or demise or as a result of any property damage which occur while participating in this program. I also give permission for the staff, representatives, or volunteers of ICM to administer first aid or to seek medical care for myself during participation in the program, including transportation of myself to a medical facility for additional treatment that appears necessary.

Photo/Video Waiver and Release Form

I _____ (print name) also know and understand that photo and video will be taken during the VBS 2016 “May His Force Be With You” event. By signing below, I authorize and give permission to take pictures and also release any and all photos and video of me to Iglesia Cristiana Misericordia for social media, church website, and any other online and paper publication.

Print name: _____

Signature: _____

Date: _____

Iglesia Cristiana Misericordia
4519 E. Del Mar Blvd.
Laredo, TX 78041
(956)712-2484