

Grace Works

A Ministry of Grace Episcopal Church 2Peter 3:18

**June 5 through July 21, 2017**

**STAFF APPLICATION**

Name (Please print) \_\_\_\_\_

Age \_\_\_\_\_

Applicant's address \_\_\_\_\_

Applicant's home phone number \_\_\_\_\_ cell number \_\_\_\_\_

Applicant is \_\_\_ Male \_\_\_ Female

Applicant: list any allergies \_\_\_\_\_

Emergency contact person \_\_\_\_\_ phone number \_\_\_\_\_

Volunteer shift preference: 7:30 – 12:00 \_\_\_ 12:00 to 3:30 \_\_\_ 7:30-3:30 \_\_\_

Which days \_\_\_\_\_ Which Weeks \_\_\_\_\_ Other \_\_\_\_\_

Please answer each question. Medical information will be used to insure participants' protection and may not be used to disqualify a participant from the program.

- Are you able to work outside in the summer heat? \_\_\_\_\_
- Are you allergic to insect bites, poison ivy, poison oak, the sun, or other environmental material?  
\_\_\_\_\_
- If so what precautions or medicines are required for your protection?  
\_\_\_\_\_
- Medical Insurance Name \_\_\_\_\_
- Do you have any health issues restricting your physical activities? \_\_\_\_\_
- If so please explain \_\_\_\_\_
- Will you be able to work for several hours without using your cell phone? \_\_\_\_\_
- Have you ever worked with electric drills, saws and other carpentry tools? \_\_\_\_\_
- If so which tools? \_\_\_\_\_
- Can you be at Grace Episcopal Church in Woodlawn by 7:30 each week day June 5 through July 21? \_\_\_
- Are you physically able to work, with breaks, from 8:30 to 3:00 daily? \_\_\_\_\_

Shirt size S M L XL 2XL

I agree to follow the safety rules and instructions required to protect all children and myself while participating in the GraceWorks program. I understand I am responsible for my personal actions and language and I am expected to participate in creating an environment of acceptance and respect for myself, my peers, and all persons involved in the project. I am required to participate in **all** activities and projects in a positive manner. I understand inappropriate sexual behavior, the use or possession of tobacco, illegal drugs, alcohol, or weapons of any kind will not be tolerated and will result in disciplinary actions being taken on my behalf. **I understand the safety of myself and others in the program is paramount and therefore I will NOT use my cell phone, MP3 player or other digital devices while I am involved in a work project or participating in an activity directly relating to GraceWorks program.**

I further realize and understand I will be participating in group devotional time, scriptural readings, prayers and other spiritual activities throughout the program.

Volunteer's signature \_\_\_\_\_

\_\_\_\_ I have completed the safety and background check through the online process Safeguarding God's Children program Date completed \_\_\_\_\_

\_\_\_\_ I have not completed the safety and background check through the online process Safeguarding God's Children program and need the information to do so.

My email address is \_\_\_\_\_