



Home & School for Children in Crisis
in Eastern North Carolina

Volunteer Program Application

Name: _____

Address: _____

Phone #: _____ EmailAddress: _____

Date of Birth: Age: _____

Employer: _____ Driver License Number: _____

Please give us the exact day(s) and time(s) that you wish to volunteer. **Please be specific** in what day and the time you will arrive and what time you need to leave. Also, **please be specific** in which day(s) of the week you would like to come and whether you will come weekly, bi-weekly or monthly. *(Please make note that the farm is approximately two hours from Wilmington, 45 minutes from New Bern and Goldsboro, 20 minutes from Kinston and Greenville.)*

(Examples: Every Monday from 10:00AM – 12:00PM or Every other Tuesday from 2:00PM – 4:00 or Every 2nd Saturday of the month)

Where to Serve

In what area(s) would you like to volunteer in becoming part of the Stroke of Faith Farms family?
What are your gifts? How would you like to serve?

Reading	<input type="checkbox"/>	Arts & Crafts	<input type="checkbox"/>	Sports (<i>specify</i>)	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Boating	<input type="checkbox"/>
Writing	<input type="checkbox"/>	Music	<input type="checkbox"/>	Recreation	<input type="checkbox"/>	Bible Study	<input type="checkbox"/>	Hiking	<input type="checkbox"/>
Math	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Field Trip	<input type="checkbox"/>
Science	<input type="checkbox"/>	Sewing	<input type="checkbox"/>	Chores	<input type="checkbox"/>	Card Games	<input type="checkbox"/>		
English	<input type="checkbox"/>	Yard Work	<input type="checkbox"/>	House Work	<input type="checkbox"/>	Swimming	<input type="checkbox"/>		

Any Specifics?

Do you have any physical limitations that you wished considered in your volunteer placement?

Discuss previous work experience:

Discuss previous volunteer experience:

List hobbies, interests and skills:

How did you hear about the volunteer program?

In case of an emergency contact:

Name: _____

Address: _____

Home Phone: Work Phone: _____

Relationship: _____

We request background checks for all employees and volunteers for Stroke of Faith Farms. You will need to have a criminal history background check from the Clerk of Court or you can have it done online @ www.sentrylink.com . You will need to provide your Driver's License or another form of picture ID, Date of Birth, Place of Birth or Birth Certificate & Social Security Number (SSN). It costs \$19.95. If you have you ever been arrested, please explain below. If you cannot afford the \$19.95, please contact us @ strokeoffaith@aol.com and we will be glad to help!

List two personal references:

Name:

Phone: _____

Name:

Phone: _____

WAIVER

I, _____, hereinafter referred to as volunteer, fully understand that due to the nature of this program, Stroke of Faith Farms Volunteer Program, there is a chance of physical injury. I agree to release and discharge Stroke of Faith Farms and it's staff and the children with whom I volunteer, from any and all claims, demands, causes of action and suits, or liabilities which might arise from such participation, including acts or omissions constituting negligence. I further agree to the checking of my criminal history and driving history for the purpose of my participation in the Stroke of Faith Farms Volunteer Program.

Signature

Date

