



Dear Faithful Volunteer,

Thank you so much for your interest in joining our Action Team here at VFC! This is an exciting new ministry that will help to reach people inside and outside of our church family, from Southwest Michigan and beyond!

The Action Team, or "AT" for short, is a service-oriented team that can meet short-term needs locally in a quick response manner. After some of the things that we've had happen in the past several months – ice storms, windstorms, and tornados - we recognize a need to be more active in the community and we need the helping hands to be able to do it. Imagine being able to pull up to the home of an elderly couple and help them remove fallen limbs from their driveway, or to be able to fix the leaky toilet for a single mom with limited income. The needs are always there, and with your help, now the hands are available to help!

This application is designed to help us learn more about you, your skills, and availability. Please fill it out and return it to the Community Care mailbox in the Volunteer HQ, or scan and e-mail it to [missions@valleyfamilychurch.org](mailto:missions@valleyfamilychurch.org). If you have any questions, please don't hesitate to call us at 269-324-5599.

Blessings,

Outreach Department  
Valley Family Church



## Action Team Application

### General Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home Work Cell

Are you a member of VFC?  Yes  No

EPIC School of Ministry?  Yes  No

May we call you at work?  Yes  No

E-mail: \_\_\_\_\_ May we contact you via e-mail?  Yes  No

May we contact you on short notice?  Yes  No

In what capacity do you serve at VFC during weekend services? \_\_\_\_\_

How much notice do you need to be available? \_\_\_\_\_

Do you have a valid driver's license?  Yes  No Do you have a passport?  Yes  No

Have you participated in other outreach or disaster relief projects?  Yes  No

### If yes:

Date: \_\_\_\_\_ Type of project: \_\_\_\_\_ Location: \_\_\_\_\_

Organization which sponsored the project: \_\_\_\_\_

Phone: \_\_\_\_\_ Organization's contact person: \_\_\_\_\_

### Personal Information

Single  Divorced  Widowed  Married Spouse's Name: \_\_\_\_\_

### Emergency Information (List someone we may contact in case of emergency.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Work Cell

## Medical Health Summary

Do you have or have you had any health problems/medical conditions?    \_\_\_ Yes    \_\_\_ No

If yes, please explain: \_\_\_\_\_

Do you have any physical or mental restrictions that would affect your participation in a disaster relief project?    \_\_\_ Yes    \_\_\_ No

If yes, please explain: \_\_\_\_\_

Allergies: \_\_\_\_\_

Do you currently have health insurance?    \_\_\_ Yes    \_\_\_ No

## IMMUNIZATIONS

Requirements for immunization may vary by project but please be aware that various inoculations may be recommended or required for participation or travel. **A recent Tetanus shot is required (within the last 5 years).**

## Skill Inventory

Do you have a skill or talent that you would like to share with this trip? Listed below are some of the most common needs. Check the appropriate box(es) below. We need people of all skill levels to get involved!

### CONSTRUCTION & MAINTENANCE

- Carpentry
- Carpet Installation
- Concrete
- Dry Wall Installation/Taping
- Heavy Equipment
- Electrical Maintenance
- Flooring
- Gardening
- HVAC
- Landscaping
- Masonry
- Painting
- Plumbing
- Sheet Metal
- Tile Installation
- General Laborer
- Automotive

### TECHNICAL ARTS

- Computer/Financial/Business
- Photography
- Videographer

### OTHER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### GENERAL

- Baking/Cooking
- Beauty/Cosmetology
- Driving (errands, transportation, babysitting)

### MEDICAL/DENTAL

- Dental Hygienist
- Dentist
- EMT
- Medical Doctor
- Oral Surgeon
- Registered Nurse/Physician
- Trained in CPR or First Aid

## Talents/Gift

List any of your talents or gifts that you feel might be useful in your role as a volunteer (i.e. organizational skills, hospitality, friendliness, etc.): \_\_\_\_\_

## Vehicle

Would you be able to be a driver and use your vehicle to transport yourself and other volunteers to the outreach site?    \_\_\_ Yes    \_\_\_ No    If yes, how many? \_\_\_\_\_

Do you have a van that could be used to transport people and/or materials? \_\_\_\_\_

**QUESTIONNAIRE:**

1. This outreach team requires a few crucial character qualities. Please answer the following on a scale of 1 (strongly disagree) to 5 (strongly agree):

I deal well with uncertainty and change:	1	2	3	4	5
I am flexible and seek to adapt to changing circumstances	1	2	3	4	5
I seek to follow the instructions of my leaders	1	2	3	4	5
I willingly forgo my personal preferences to honor others around me	1	2	3	4	5

2. Briefly describe any major life changes you have gone through in the past year: (e.g. job or family changes, illness, injury, death of a close relative or close friend, etc.)

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3. Comment on your willingness and ability to serve the team in any way you can: (this may include carrying extra luggage, boxes of supplies, sharing your hotel room, etc.)

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4. Explain any difficulties you may have working with Christians who have doctrines different from your own:

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5. Suppose you felt the leading of the Holy Spirit to take a direction or to act differently than what your team leader instructs. How would you handle this?

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**Liability Release**

As a volunteer with Valley Family Church, I confirm that I am not participating as a duly elected representative, nor as an employee of Valley Family Church. I understand and accept that volunteering may expose me to certain risk of personal injury. I choose to participate in spite of these risks. I understand I have the responsibility of providing my own health and accident insurance in the event of any illness or injury experienced while volunteering. I also understand that Valley Family Church will not be held liable for any accident or injury that may happen to me.

I hereby agree to make no verbal or written comments to the media (radio, television, and print publications) concerning Valley Family Church or my volunteer participation with Valley Family Church and this volunteer team.

I also agree to refrain from initiating any contacts with media representatives concerning Valley Family Church or its projects and to refer all media requests to a staff member of Valley Family Church.

I have carefully read this agreement and understand its contents. I am aware this is a waiver and a release of liability and I sign it voluntarily.

The information contained in this application is correct to the best of my knowledge. I authorize any reference or churches listed in this application to provide any information they may have regarding my character and fitness to work in any area. I waive any right that I have to inspect the references submitted on my behalf.

**Media Release**

I hereby give my permission to Valley Family Church to photograph, interview and videotape me in my volunteer capacity. I understand that photographs, interviews, videotapes, and written articles concerning my service with Valley Family Church may be published online, in print, or viewed by groups in other media presentations about Valley Family Church, and I release Valley Family Church to include my image in those presentations as they see fit.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_