

Caring Ministries, Inc.
6704 Fyler Avenue
Saint Louis, MO 63139
314.764.5415
info@caringministriesinc.org

Volunteer Application

NAME (Church/Organization/Individual): _____
STREET ADDRESS: _____
CITY/STATE/ZIP CODE: _____
CONTACT NUMBER(S): _____
E-MAIL ADDRESS: _____

Please state the housing project you/group would like to be involved with:

Date you are available to do the project: _____
How long are you available to do this project: _____
How many individuals will be participating: _____
Are there individuals that are qualified with this project: _____
Will you provide your own materials for this project: _____

Release/Waiver: I hereby agree to indemnify and hold harmless Caring Ministries, Inc. and its employees from and against any and all claims for personal injuries or damages of any kind arising from participating with Caring Ministries, Inc. program. Further, I authorize employees and volunteers to seek emergency medical help if this becomes necessary. In the event of a medical emergency, I realize that every effort will be made by the staff or volunteers to contact a family member or representative quickly and the family member or representative agrees to indemnify and hold harmless the staff and volunteers in seeking medical care for the individual in need of one.

SIGNATURE: _____ **DATE:** _____
SIGNATURE: _____ **DATE:** _____

Photo Release: I hereby grant Caring Ministries, Inc. to use my likeness in a photograph in any and all its publications, including website entries, without payment or any other consideration.

SIGNATURE: _____ **DATE:** _____