



The Covering a ministry of Central Ohio Living Free

## VOLUNTEER APPLICATION

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

DOB: \_\_\_\_\_

*Thank you for considering giving the gift of your time.*

*The gift of time is perhaps the most meaningful gift we can receive. In fact, without the support of volunteers like you, this work would not be possible. Everyone has skills and experience that help our homes stay focused and functioning. A few hours a week or month can provide extra support for our staff members and residents.*

*Volunteering means that you are helping those who are struggling with life-altering issues to make the necessary steps toward stability and growth. By volunteering your time, you allow our staff to dedicate more time and resources to assisting those seeking help to triumph over their struggles and find their identity in Christ. Your time spent volunteering has a positive impact on many lives!*

You may ask: *How can I help?*

**Working in the marketing/admin office:** Volunteering for a few hours to help out with various administrative/marketing tasks like filing, social media, making copies, content creation and more can seem like simple tasks, but the work is greatly appreciated.

**Mentoring students:** Mentors serve as 1:1 support to the women and children in our program. We couldn't do this without them!

**Watching children:** We offer three phases to our ministry. Spending a few hours a week to watch the children of ladies in our programs will provide them with the support to keep growing themselves.

**Providing services:** Running and maintaining a home takes a lot of work. You may have skills that could be beneficial to our homes. Experience is appreciated but not required!

**Hosting events:** If you enjoy planning and hosting events, consider hosting a fundraiser for our homes. The money you raise will help provide resources and support for our ladies and children.

**And more!:** There are always ways to jump in and help out, it's just about finding the right fit and timing! Thank you for your grace and your interest in joining us on this crazy adventure.

**Volunteer Application Questionnaire:**

Name: \_\_\_\_\_  
*First MI Last*

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City State Zip Code*

\_\_\_\_\_ *Phone Email Best time to call? AM / PM*

1. Please check the talents, skills, certificates you have that you are willing to share:

- Administrative
- Overseeing the schedule in the home for Tabitha Phase (first 30 days program)
- Mentoring
- Wellness education (exercise, nutrition, etc)
- Recreation activities
- Independent living skills (cooking, personal finance, crafts, sewing, knitting, gardening, etc)
- Special services provider (legal, medical, animal therapy)
- Home maintenance (carpentry, plumbing, painting, etc)
- Fundraising event lead or support
- Transportation (to and from appointments)
- Babysitting for classes or other events
- Community outreach support
- CPR, First Aid
- Jail Ministry (lead/support for a small group study in the local jail)
- Groundskeeping (landscape, grass mowing, snow plowing, etc)
- House management support (providing a meal, cleaning etc)
- Other: (please explain) \_\_\_\_\_

2. Are you bilingual? \_\_\_\_\_ If yes, what languages do you speak?
  
3. Are you familiar with the issues of homelessness, addictions or sexual exploitation? Explain.
  
4. The Covering is a non-profit ministry providing safe homes, education, long term support & hope for women and children. What are your personal thoughts toward women who have life controlling struggles?
  
5. The Covering is a Christian organization. How will this affect you and the women you will work with?
  
6. The Covering offers services to a diverse community of women managing a variety of social issues. How do you see yourself applying your skills, knowledge and beliefs in relation to these women?
  
7. What do you hope to gain personally from volunteering with The Covering?
  
8. Do you have First Aid Training?
  
9. Have you had previous volunteer experience? If so, for what organization and in what capacity:
  
10. How did you first learn of The Covering?

## Emergency Medical Information

In case of an emergency, please contact:

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

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

Phone number: \_\_\_\_\_

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

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

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

**Reference Form**

**Reference One (Church Leader Example: Pastor, Small Group Leader)**

Name: \_\_\_\_\_  
*First Initial Last*

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City State Zip Code*

\_\_\_\_\_ *Phone Email Best time to call? AM / PM*

\_\_\_\_\_ *Relationship to the candidate Length of relationship*

**Reference Two (Non-Relative)**

Name: \_\_\_\_\_  
*First Initial Last*

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City State Zip Code*

\_\_\_\_\_ *Phone Email Best time to call? AM / PM*

\_\_\_\_\_ *Relationship to the candidate Length of relationship*

## Reference Questionnaire

\_\_\_\_\_  
*Name of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Reference*

\_\_\_\_\_  
*Phone Number*

1. How do you view this person's ability to interact with others in a non-judgmental manner?
2. What do you know of this person's relationship with Christ?
3. In your opinion, what are this person's strengths?
4. What concerns might you have for this person's effectiveness?
5. Absolute confidentiality is a must. What is your view of this person's ability to work within this framework?
6. Other comments that would be helpful in placing this individual as a volunteer with The Covering?

*Thank you for your participation in a very necessary process.*

*Please return to:* The Covering  
% Volunteer Coordinator  
12017 Spangler Road  
Circleville, Ohio 43113

*Or email to:* [office@thecovering686.org](mailto:office@thecovering686.org)





**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

**Current Address:** \_\_\_\_\_  
*Street Apt.# City State Zip Code*

How long at this address? \_\_\_\_\_

**Former Address:** \_\_\_\_\_  
*Street Apt.# City State Zip Code*

How long at this address? \_\_\_\_\_

**Former Address:** \_\_\_\_\_  
*Street Apt.# City State Zip Code*

How long at this address? \_\_\_\_\_

**Former Address:** \_\_\_\_\_  
*Street Apt.# City State Zip Code*

How long at this address? \_\_\_\_\_

May we contact your current employer?      Yes \_\_\_\_\_      No \_\_\_\_\_  
*Initial Initial*



**PLEASE READ CAREFULLY, INITIALING EACH LINE INDICATES AGREEMENT.**

\_\_\_\_\_ I understand that ministry is a privilege, not a right, and that my desire to serve must, at all times be affirmed by The Covering, a ministry of Central Ohio Living Free (The Covering), through and after its screening process.

\_\_\_\_\_ I understand that an appointment to this ministry requires that I provide three references and agree to The Covering background check process.

\_\_\_\_\_ I understand that in accepting a volunteer ministry position, I am committing myself to act in compliance with the beliefs, values, policies, and processes of The Covering.

\_\_\_\_\_ I understand that a substantial percentage of participants in the The Covering program have criminal backgrounds and that I assume all related risks in providing services to these individuals. I hereby release and discharge The Covering from liability with regard to any damages, losses, or injuries sustained by me arising out of, or relating to my volunteering with The Covering.

\_\_\_\_\_ I have read and understand The Covering volunteer guidelines and agree to abide by them while serving as a volunteer. Read "What We Believe".

\_\_\_\_\_ I understand that training and accountability are key support for my volunteer position. Therefore, I will attend training as required by the position.

\_\_\_\_\_ I understand that I am freely entering into this volunteer arrangement and that I will receive no pay or benefits such as medical insurance or worker's compensation insurance in exchange for my volunteering.

\_\_\_\_\_ I know that The Covering will maintain a file on persons filling volunteer positions. This information is confidential and will be kept in a secure location.

\_\_\_\_\_ I certify that my answers are true and complete to the best of my knowledge. If this application leads to volunteering, I understand that false or misleading information in my application or interview may result in my termination of volunteering from The Covering.

\_\_\_\_\_ I understand that The Covering reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the organization. The Covering cannot guarantee volunteer placement, but will make every effort to match volunteer applicants to opportunities based on the needs of the organization and the interests and abilities of the volunteer.

\_\_\_\_\_ I authorize investigation of the references and employers listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

\_\_\_\_\_ I understand that volunteering with The Covering is conditional upon the results of my criminal background check.

## CONFIDENTIALITY

It's important to **maintain confidentiality in our community**. What you hear or observe about residents and staff while volunteering must be kept confidential, unless otherwise approved by staff of The Covering. Even seemingly harmless comments repeated to others can lead to misunderstanding and harm.

\_\_\_\_\_ I have read the above and fully understand the policy on confidentiality.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Ministry Leader

\_\_\_\_\_  
Date