2nd Mile Ministries
Volunteer Application

Date: / /

Name: _____ Birthday: _____ Age: ____ Sex: ___

Phone Number: _____ Email Address: _____

Address: _____ City: _____ St: _____ Zip: _____

Job/Profession: _____

Are you a student? ____ yes ____ no

If yes, where do you attend school? _____

Are you involved in a church in Jacksonville? ___ yes ___ no

If yes, where do you attend? _____

Where are you interested to volunteer?

___ 2:52 After School Program

___ CONNECT Middle School Program

___ Outreach Events

___ LEAD High School Program

___ Summer Day Camp

___ Other: _____

How did you hear about 2nd Mile Ministries? _____

_____

_____

Why are you interested in working with 2nd Mile Ministries? _____

_____

_____

2nd Mile Ministries
Volunteer Application

Have you been involved in a ministry like 2nd Mile before? ___ yes ___ no

If yes, which one? _____

Please describe: _____

_____

RELEASE AND WAIVER OF LIABILITY

To be read and signed by all persons intending to participate in 2nd Mile Ministries activities or by parent or legal guardian of participants under the age of 18.

In consideration of the opportunity to participate in 2nd Mile activities, I/we do hereby release and hold harmless 2nd Mile Ministries of Jacksonville, FL, its employees, officers, agents, representatives, members, program leaders and assistants, collectively "Releases," of and from any and all claims of any nature whatsoever sustained by any participation while participating in or resulting from participating in activities relating to 2nd Mile Ministries or occurring during the period of such activities.

I also give permission for images of myself/dependents captured through video, photo and digital camera, to be used solely for the purposes of 2nd Mile Ministries promotional material and publications, and waive any rights of compensation or ownership.

Signature: _____ Date: _____

Name of Dependent under the age of 18 and covered by this waiver:

_____

I am willing to have a background check completed (if over 18): _____ yes ____ no

In addition to this Volunteer Application, we will do a Background Check for the safety of our children and community. The cost will be $10.00, please let us know if you have any difficulties covering the cost. Contact Dani Kahn (904-962-3297), for questions.

2nd Mile Ministries
Volunteer Application

Thank you for taking the time to fill out this application.
We look forward to your partnership!

You can drop the application off at the 2nd Mile office at: 4003 N. Pearl Street. Or mail the application to:

2nd Mile Ministries
1650 Margaret St.
Suite 302, #339
Jacksonville, FL 32204

Please contact Jonathan Blackburn at jonathan@2ndmilejax.com or 904-372-3530 for questions or more information.

You can find us on the web at www.2ndmilejax.com. Become a fan on Facebook!