



Seeds of Faith, Inc.

*Our mission is to provide relief to the poor,
the distressed or underprivileged,
to help and nurture those in need, to feed the hungry,
to bring hope to the hopeless,
and make a difference, one life at a time.*

Volunteer Profile

"Our insurance requires us to have background checks on all our volunteers"

Name _____

Address _____

Phone number(s) _____ email address _____

Do you have a valid drivers license? Yes ___ No ___

Has your license to drive ever been revoked or suspended in any state? Yes ___ No ___ If yes, give date(s), state(s) and reason(s) _____

Do you have your own transportation? Yes ___ No ___ Do you have auto insurance? Yes ___ No ___

Have you had any motor vehicle violations within the past three (3) years? Yes ___ No ___ If yes, give date(s) and type(s) of violations _____

Have there been any professional liabilities, sexual harassment or work-related claims made against you? Yes ___ No ___ If yes, please give date(s), reason(s) and current status _____

Have you ever been convicted in a court of law for any crime, either misdemeanor or felony, including any elder or child abuse? Yes ___ No ___ If yes, please give nature and dates of conviction(s) _____

Seeds of Faith, Inc is a faith-based organization who believes in the teachings of Jesus Christ and the Holy Bible. Do you have any objections or opposing beliefs which would make it difficult for your to volunteer for such an organization? Yes ___ No ___

I grant full permission to use any photographs, videos, recordings, or any other record of this program for any purpose. Yes ___ No ___

Confidentiality Statement: As a representative of Seeds of Faith, Inc., it is imperative that we treat each person with dignity and respect. This includes other volunteers, staff members and those we serve. Please respect those we serve by keeping their names and identities private after you are done volunteering. By initialing here _____ you certify that you have read and agree to follow the above statement.

I _____, hereby authorize Seeds of Faith Incorporated (SOF) at any time within one year of the state of this application to request and receive any information concerning my background that they may require relative to my volunteer work with them. I further release any and all providers of such information from any liability associated with doing so. I hereby state that all of the foregoing information I have supplied in this application is a true and complete statement of the facts.

Signature _____ Date _____