# Instructions for Completing the Volunteer Application

Thank you for your interest in serving with Encompass Ministries! Please follow the steps below to complete your application:

1. **Print the Application**
   - Download and print the volunteer application form.
2. **Complete the Application**
   - Fill out all sections of the application completely and legibly.
   - Be sure to provide accurate contact information.
3. **Background Check Form**
   - Complete the background check form included in the application packet.
   - This form **must be notarized** before submission. You may use any licensed notary public.
4. **Return Your Packet**
   - Once your application and background check form are completed, return the entire packet to us either:
     - **By Mail:**
       Encompass Ministries
       6551 Commerce Parkway
       Woodstock, GA 30188
     - **In Person:** Drop off at the same address during office hours.
5. **Next Steps**
   - Once we receive your application, our team will review your information and contact you regarding the next steps in the volunteer process.

ENCOMPASS MINISTRIES

6551 Commerce Pkwy
Woodstock, Ga 30189
www.Encompassministriesinc.org
770-591-4730
Fax:678-540-8583

# VOLUNTEER Application

Date: _____

Encompass Ministries is a Christian non-profit organization. Our mission is to apply Christian principles while providing a wholeness approach to people's needs. The food assistance program is available to families in a financial setback whereby food is at-risk in the household. Encompass Ministries "partners" with the families as they work to regain stability. The education divisions of the organization are open to the community.

Thank you for your interest in volunteering with us. We ask that you provide the following information. Please feel free to ask for clarification on any question rather than leaving it blank. Also, a background check will be completed before you begin as part of this application process. We look forward to receiving your information. Thank you.

| Name: | Phone – HOME<br>Phone - CELL | Email Address: |
|---|---|---|
| Address: | | |
| How did you hear about Encompass Ministries? | | Date of Birth: |
| Please check your area(s) of interest: | | Shirt Size: |

| | |
|---|---|
| ☐ 1) Front Office | ☐ 6) Organic Garden |
| ☐ 2) Donation Sorting | ☐ 7) Fundraising / Special Projects |
| ☐ 3) Housekeeping | ☐ 8) Advisory Board |
| ☐ 4) Building Maintenance | ☐ 9) Other |
| ☐ 5) My Community Spirit Magazine | |

| | |
|---|---|
| What is your faith? | What is the name of your place of Worship? |
| Please list / describe your skills that may benefit the organization: | |
| Please list your "availability" (days/hours) Weekly? One-time Event/Project? Or As Needed? | |
| How many pounds are you able to lift? | ☐ Check if you need Community Service hours<br>(If you are looking for Community Service hours, please complete second section) |
| Signature: | Date: |
| Emergency Contact Name and Phone: | Relationship to you: |

| **Section 2: Community Service** | |
|---|---|
| Is your Community Service for school or church? | Is your Community Service court ordered? |
| How many hours are you required to serve? | What is the offense? (If applicable) |
| Date your Community Service must be completed: | |
| If this is a group project, please tell us the name of your organization? | Number in the group? |
| Please describe the purpose of your Community Service request if it is NOT court-ordered (i.e., school/church project): | |

# Cherokee Sheriff's Office

## Name-Based Criminal History Record Information Consent/Inquiry Form – NCJ

**ection 1: Authorization -** I authorize the Cherokee Sheriff's Office to process my criminal history record information and release any information pertaining o me which may be in the file of any state, national, or local criminal justice agency to the individual I have specified below. If this information is being eleased to a business, agency, or organization, the Cherokee Sheriff's Office must have a specific person's name at the business, agency, or organization nd the address and the title of the business, agency, or organization. If this information is being released to an individual, the Cherokee Sheriff's Office ıust have the individual's name and address. (O.C.G.A.§35-3-34) For the Cherokee Sheriff's Office to better serve you, please fill out this form neatly and in its ntirety. Do not change, strikethrough, or white out any information. This form is for the Cherokee Sheriff's NCJ consent form for employment, personal ıspection, and other NCJ reasons as allowed by O.C.G.A. §35-3-34.

_____ hereby authorize the CSO to conduct an inquiry for Company/Individual (nam

eleasing record to) Sabrina Kirkland the purpose below and receive any Georgia and/or nationa

:HRI as authorized by state and federal law. This authorization is valid for 90 days from date of signature.

_____

**ull Name: (Last, First, and Middle – Please Print Legibly)**

_____

**Street Address** **City** **State** **Zip Code**

**Race Abbreviations**
Asian/Pacific Islander - A
Black – B
Alaskan Native/American Indian – I
White – W
Unknown – U

_____ _____ _____ _____

**Date of Birth (MM/DD/YY)** **SEX (M/F)** **RACE**** **Social Security Number**

_____ _____

**Authorizing Signature** **Date (MM/DD/YY)**

_____ _____ _____

**Attorney for Individual (Purpose Code E and U Only)** **Bar Number** **Date (MM/DD/YY)**

_____ _____ _____

**Notary Signature & Stamp** **Date (MM/DD/YY)** **Driver's License Number** (Notary Use Only)

**Notary Stamp**

**Purpose Code Used (check one):**
**Note:** ***Only one inquiry may be performed per consent form.***

| | | NON-CRIMINAL JUSTICE PURPOSES |
|---|---|---|
| | E | Adoption |
| | E | Apartment |
| | E | Employment _____ |
| | E | Licensing _____ |
| | E | Raffle Permit |
| | E | Volunteer _____ |
| | M | Employment direct care with Mentally Ill/Developmentally Disabled |
| | N | Employment direct care with Elderly |
| | W | Employment direct care with Children |
| | U | Personal Copy (stamp return "personal copy") |

**AGENCY USE ONLY BELOW**

**Date of Inquiry:** _____ **Time of Inquiry:** _____ **Operator's Initials:** _____

**This inquiry resulted in the following:** _____ **No criminal history available** _____ **Criminal history available (attached/released)**