

**Toledo Area Ministries**  
**FEED YOUR NEIGHBOR MINISTRY**  
**VOLUNTEER APPLICATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you have a criminal record? (Circle One) Yes No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to submit to a background check? (Circle One) Yes No \*If no, do not go any further.  
All records are confidential and kept secured. Back ground checks are paid for by TAM. Doing  
background checks helps lower TAM's liability insurance cost.

Social Security #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Please list specific skills you can offer which would be an asset to the ministry (i.e., computer, filing,  
greeter, heavy lifting, driving a truck, construction field, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all physical or medical limitations \_\_\_\_\_

\_\_\_\_\_

Availability (Days) \_\_\_\_\_ Times \_\_\_\_\_

In case of an emergency contact:

\_\_\_\_\_  
\_\_\_\_\_

By signing this application, I do hereby agree to follow the rules and guidelines set forth by this  
organization.

\_\_\_\_\_  
Applicant Signature/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date