

Care Mission Volunteer Servant Application

If you have physical restrictions let us know.

Print Name _____ Date _____

Phone Number(s) _____

Address _____

E-Mail _____

Birth Date _____ Soc. Sec. No. _____

By signing below I give permission for HIA/Care Mission to do a criminal back ground check on me.

Basic Polices and Guidelines

Pray as you work. Pray for those we serve, those who are serving and those who have donated items and funding to this ministry. Pray for an anointing on the food we are distributing.

Whenever you are here, you are not only representing us, but more importantly you are representing Christ. Be aware that people are watching, and your actions may be all the Christ they'll see.

We all have things we prefer to do. However, we will ask you to do what needs to be done. Unless you physically cannot, please do what needs to be done, not just the things you prefer to do. This is being a servant not just a volunteer.

No smoking permitted on Care Mission property.

Wear appropriate clothing / shoes. No open toed shoes.

This sort of ministry isn't for everybody. If you resist authority or don't work well with others, then we may not be for you. **So pray *before* you commit.**

Sign _____

Mail to; The Care Mission 105 North Chattanooga St., Lafayette, GA 30728