

# LONGVIEW Community Ministries

*Serving With Love*



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Longview, TX 75601  
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Executive Director: Ext. 202  
Assistant Director: Ext. 205  
Food Box: Ext. 207

Dir of Development: Ext. 208  
Meals on Wheels: Ext. 203  
Data Entry: Ext. 209

## Volunteer Application

[www.longviewcommunityministries.org](http://www.longviewcommunityministries.org)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ Birthday: \_\_\_\_\_

Start Date: \_\_\_\_\_

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

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

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #s: \_\_\_\_\_

Are you currently, or have you ever been, a client at Longview Community Ministries?

\_\_\_\_\_

Are you affiliated with a local church? If so, which one

\_\_\_\_\_

### Skills and Interests

Educational Background: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Hobbies, Interests, and Skills: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

### Please indicate your area of interest:

\_\_\_\_\_ **Family Service Center** –direct client interaction

\_\_\_\_\_ **Food Box** – pack and distribute food boxes

\_\_\_\_\_ **Meals on Wheels** – deliver daily meals with a smile

\_\_\_\_\_ **Learning Lab** – teach life skills/budgeting classes

\_\_\_\_\_ **Special Programs** – help out as needed for activities and events

### At what times and on what days are you interested in volunteering?

(Volunteer hours are while LCM is open Monday through Friday from 9:00 AM – 12:30 PM)

\_\_\_\_\_ Monday \_\_\_\_\_ Wednesday \_\_\_\_\_ Friday

\_\_\_\_\_ Tuesday \_\_\_\_\_ Thursday \_\_\_\_\_ Any day

Have you been arrested or convicted of a felony? \_\_\_\_\_ Where? \_\_\_\_\_

Are you on probation? \_\_\_\_\_

(Please complete information on the back of this form.)

## Liability Statement

I wish to volunteer my services to Longview Community Ministries, a 501 (c) 3 organization. I hereby agree and release you as follows:

1. I willingly and freely agree to volunteer and hereby assume any and all risk, with respect to any liability of Longview Community Ministries for such risk, including without limitation risk of any accident or injury to person or property which I may sustain in connection with my participation as a volunteer.
2. The undersigned hereby releases Longview Community Ministries and its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates from liability and covenants not to sue for, any and all claims and causes of action, whether known or unknown, arising out of, based upon or relating to my participation as a volunteer.
3. I further irrevocably grant to Longview Community Ministries, its assigns and successors, my consent and full right to: use my name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity, in connection with my volunteer participation hereunder.
4. This release shall inure to your benefit, as well as to the benefit of your successors, licensee, agents, employees, affiliates and assigns. This release shall be governed by the laws of the State of Texas.
5. I understand that Longview Community Ministries will conduct a background check based on the information given on this application and reserves the right to decline my application to volunteer in the Service Center or Food Box. This decision is at the discretion of the Executive Director and Board of Directors. I agree that Longview Community Ministries may terminate my participation as a volunteer if at any time my behavior, now or in the future, does not reflect the high standards of conduct as a volunteer of this organization.

I have read and agree to the Liability Statement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_