

**Mission Location:** *Sioux City, Iowa*

**Mission Date:** *13-19 June 2021*

## CONSTRUCTION VOLUNTEER APPLICATION

Position you are applying for:

Field Supervisor

Team Coach

Runner

Other: \_\_\_\_\_

### Volunteer Information:

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Social Security Number #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-Mail: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

How long have you been a Christian?

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

Church Membership: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Medical/General Health: (check one)

Poor

Fair

Good

Excellent

Do you have any physical limitations?

Yes

No

*If yes, please explain:* \_\_\_\_\_

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

List any medicines or substances to which you are allergic:

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



List any previous operations or serious illnesses:

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List any medications you are currently taking:

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List any special diet or special needs:

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Childhood Diseases:

- Chickenpox                       Mumps                       Other: \_\_\_\_\_  
 Measles                       Whooping Cough

Date of Tetanus Immunization: \_\_\_/\_\_\_/\_\_\_

Family Physician: \_\_\_\_\_

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

**Medical Insurance Info:**

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Subscriber Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Employment Experience – Please list most recent FIRST**

Date(s) Company Name Address Supervisor Phone

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_



What experience do you have that qualifies you for a position at a project?

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Please rate your experience working with teenagers:

Poor       Fair       Good       Excellent

Have you ever been convicted of a violation of the law other than a minor traffic violation?

Yes       No

If yes, please explain: \_\_\_\_\_

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Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?       Yes       No

If yes, please explain: \_\_\_\_\_

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### References:

List two people, other than employers, who have known you for at least one year. One of these should be a staff member of your church.

Name Title Address City/State/Zip Phone Email

1) \_\_\_\_\_

2) \_\_\_\_\_

### Construction Experience

Please rate construction experience:

None       Amateur       Skilled       Professional



Please mark the trade or skill you have personal experience with:

- |   |   |
|---|---|
| <input type="checkbox"/> General Carpentry        | <input type="checkbox"/> Concrete Work                      |
| <input type="checkbox"/> Framing Finish           | <input type="checkbox"/> Vinyl Siding                       |
| <input type="checkbox"/> Brick Masonry Repair     | <input type="checkbox"/> Decking/Wheelchair ramps           |
| <input type="checkbox"/> Painting                 | <input type="checkbox"/> Chainsaw Work ( <i>certified</i> ) |
| <input type="checkbox"/> Window/Door Installation | <input type="checkbox"/> Other: _____                       |
| <input type="checkbox"/> Roofing                  | <input type="checkbox"/> Other: _____                       |

In what trade or skill do you have the most experience? \_\_\_\_\_

What type of construction project do you most enjoy? \_\_\_\_\_

What equipment would you be able to bring to your worksite? \_\_\_\_\_

*I understand that participants at a LifeChanger Missions project agree not to use tobacco products, alcoholic beverages, or nonprescription drugs; and not to have possession of or use any fireworks, knives (other than utility knives required for job) or weapons of any other kind. I agree to abide by the above LifeChanger Missions Policy (verbal or in writing). If I accept a position for a project managed by LifeChanger Missions, I will not expect any organization with which I may work or be associated to be responsible or liable to me for any loss or damage to my property; any personal injury or illness; or any other injuries or damage I may suffer. In consideration of my admission to volunteer service, and for other good and valuable consideration, on behalf of myself, my heirs, executors, administrators, and assigns, I hereby release LifeChanger Missions and affiliated groups, associations and state conventions, and any employee, agent or representative of the foregoing organizations from any and all such claims or demands. The information in this application is true and accurate to the best of my knowledge. I understand that false information will be grounds for termination. I hereby authorize you to verify all information contained on this application with former employers, references, or appropriate personnel or resources. I further authorize that any reference may disclose any and all information regarding my work history, personal characteristics, salary, work habits, or other areas of importance to this organization. Furthermore, I waive the right to sue the aforementioned references for releasing such requested information. I also understand that by signing this application I am authorizing LifeChanger Missions to conduct a background check. I understand this authorization and termination policy and agree to the release and verification of the aforementioned information.*

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

Mail Completed forms  
Heartland Church Network  
2100 S 51st St. P.O. Box 6157  
Omaha, NE 68106

Email Digital Copy  
Emily@heartlandchurchnetwork.org