Exodus Farms Ministry

*“A happy place for kids and horses… where hearts are healed.”*

**Application for Volunteer Positions with Exodus Farms Ministry**

All of us at Exodus Farms Ministry (hereafter known as EFM) appreciate your interest in working with us in our program. A clear understanding of your background and horse experience will help us potentially place you in a position that meets your objectives and those of our ministry. Qualified applicants are considered without regard to race, color, national origin, sex, age, veteran status, or the presence of a non job-related medical condition or disability.

Date of Application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***1. Personal Information***

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please list all states where you have lived in the past 10 years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_\_ Hair: \_\_\_\_\_\_\_\_ Blood Type: \_\_\_\_\_\_\_\_

CPR Training? Yes \_\_\_\_\_\_ No \_\_\_\_ Expires: \_\_\_\_\_\_\_\_

Marital Status: Single \_\_\_\_ Married \_\_\_\_\_\_ Separated: \_\_\_\_\_\_ Divorced: \_\_\_\_\_\_\_

Spouses Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Names and Ages of Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drivers License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_

***2: Driving Information: Please fill out only if you are available to transport students*** Do you own your own car? Yes \_\_\_\_\_ No \_\_\_ Are you willing to drive to EFM functions? Yes \_\_\_\_ No Do you have full auto insurance coverage? Yes \_\_\_\_ No \_\_\_ Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have: Bodily Injury Liability $100,000 each person/ $300,000 each accident? Yes\_\_\_\_ No\_\_\_\_\_

PLEASE PROVIDE A COPY OF COVERAGES IF YOU ARE PLANNING TO BE A DRIVER FOR EXODUS

***2. Horse Related Ministry***

Days available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in special events? Yes: \_\_\_\_\_ No: \_\_\_\_\_\_

Please tell us about your horse experience. Please be as detailed and specific as you can.

***3. References***

Personal References:

Please list three persons, not related to you, who are qualified to evaluate your capabilities and character. One of the references must be your Pastor or other spiritual mentor.

Name Address Phone # Relationship

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***4. Faith Background***  Do you attend church regularly? Yes: \_\_\_\_ No: \_\_\_\_ What church do you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a member? Yes: \_\_\_\_ No: \_\_\_\_ Describe when and how you became a Christian (attach additional pages if necessary):

5. Please tell us about any professional, educational or volunteer experiences that you feel have equipped you for horse ministry.

***Criminal Record*** Because our mission and purpose as a Christian ministry is to bring hope, love, and healing to young people and their families, it is of great importance that we endeavor at all times to build our team with people of the highest moral and spiritual character. To maintain our high standards, we must ask all applicants to be prepared to subject themselves to certain personal, employment and criminal background checks. For that purpose, please answer the following:

A. Have you ever been charged with, pled guilty or no contest to, or been convicted of any criminal violation of any type of sexual misconduct or abuse concerning a minor? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_ If yes, please explain.

B. Have you even been convicted of, pled guilty or not contest to, or been convicted of any other criminal offense (misdemeanor or felony, other than a parking violation) in a court of law? Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_ If yes, please provide dates, location(s) and violation(s):

C. Have you ever been disciplined, suspended or terminated by any organization due to allegations of any type of sexual misconduct or abuse? Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_ If yes, please explain:

***5. All of our staff and volunteers must affirm our Statement of Faith as follows:***

1. We believe the Bible to be the inspired, the infallible authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and His personal return in power and glory.
4. We believe that for the salvation of lost and sinful people regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in Christ.

I agree with and will adhere to the above Statement of Faith during my time of employment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (Please print) Signature Date

***6. Acknowledgment***

I certify that information I am providing is true and correct. I understand that the submission of any false information or the omission of any requested information in connection with my application for ministry volunteer, whether in this document, in an interview, or provided otherwise, may be cause for immediate discharge should I be accepted to serve with EFM.

I understand that if accepted, I will be required to abide by all of EFM’s policies, standards or regulations as established from time to time.

I further understand that, if accepted, I may be disciplined or be discharged if I no longer agree with, or exhibit conduct which is contrary to EFM’s policies, standards or regulations, or if I in some other way fail to meet the requirements of my position.

I understand that EFM requires certain information about me to evaluate my qualifications and to conduct its ministry if I become a volunteer staff member. Therefore, I authorize EFM to investigate my past and present employment, educational credentials, and any additional personal information provided in this application and any interviews, and I agree to cooperate in such investigations. I further recognize and agree that, as a condition of my volunteer position, I consent to criminal, financial and motor vehicle background checks from federal, state and local agencies.

I hereby release EFM and all persons supplying information to EFM from all liability, claims for damages, or responsibility whatsoever with respect to information supplied. I further authorize all of my prior employers and references to speak freely to EFM representatives and provide whatever information is required.

I hereby warrant that I have read and fully understand the foregoing and seek a volunteer ministry position under these conditions of my own free will and in accordance with my own judgment. I understand that this is an application for volunteer service and no offer of employment is being hereby extended.

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Signature Date