



REACHING INDIANS MINISTRIES INTERNATIONAL

VOLUNTEER APPLICATION

RIMI, PO Box 688, Round Lake Beach, IL 60073
 (847) 265-0630 * SLukos@aol.com * www.RIMI.org

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME, FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY	STATE ZIP CODE
PERMANENT ADDRESS		CITY	STATE ZIP CODE
PHONE NO.		REFERRED BY	

VOLUNTEER WORK DESIRED

POSITION	DATE YOU CAN START
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE TALK TO YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU APPLIED WITH RIMI BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE? WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

MINISTRY EXPERIENCE (OTHER NONPROFIT ORGANIZATIONS, COMMUNITY PROGRAMS, CHURCH INVOLVEMENT, MISSIONS TRIPS, ETC.)

WHY DO YOU WANT TO DO VOLUNTEER WORK WITH RIMI?
CHURCH NAME AND DENOMINATION

FORMER EMPLOYERS (LIST PRIOR EMPLOYERS, STARTING WITH THE MOST RECENT)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES - LIST THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

FOR EACH REFERENCE, A COMPLETED REFERENCE FORM MUST ACCOMPANY THIS APPLICATION OR BE SENT TO THE RIMI OFFICE

NAME	ADDRESS	RELATION	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted as a volunteer, falsified statements on this application are grounds for dismissal.

I authorize investigation of all statements contained herein and authorize the references and employers listed to give any information concerning my previous employment, volunteer work and any other pertinent information they may have, personal or otherwise, and release RIMI from all liability for any damage that may result for the utilization of such information.

I also understand and agree that no offer for employment is being made at this time and no guarantee is given or implied that an offer for employment will be made at any future time.

I agree to abide by the policies and procedures as found in the relevant section(s) of the RIMI Policies and Procedures manual and that failure to abide by these policies and procedures are grounds for dismissal.

This waiver does not permit the release or use of any information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

-----DO NOT WRITE BELOW THIS LINE-----

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
ACCEPTED AS VOLUNTEER	FOR DEPT.	POSITION	REPORTS TO	

APPROVED BY: _____ DATE: _____