



The Lord's  
**HANDS & HEARTS**  
Ministries, Inc.

## Volunteer Agreement / Application

I understand that:

- The references I listed may be contacted by telephone or email.
- This application in no way obligates me to perform any volunteer service.
- I understand that my help is free and without expectation.
- All records and information gathered are the property of The Lord's Hands & Hearts Ministries, Inc. and will be kept with the strictest of confidentiality and will not be shared with any third parties.
- If I decide to minister on an ongoing basis to any homeless person that I have helped through The Lord's Hands & Hearts Ministries, Inc. outside of a scheduled TLHMM outreach, I understand that neither The Lord's Hands & Hearts Ministries, Inc. or Mercy Seat Church takes any responsibility for financial, spiritual, medical, transportation or any other need that homeless person may have. The Lord's Hands & Hearts Ministries, Inc. is a group of volunteers that imparts the truth of the Word of God in love and does not provide any ongoing case management for the homeless unless determined and approved by leadership.
- I hereby authorize TLHMM to conduct whatever investigation it may deem necessary to determine whether I can become an effective volunteer. I do herein affirm under oath and subject to penalties of perjury that the foregoing answers and statements are, to the best of my knowledge, true, correct, and complete.
- I understand that TLHMM uses photos of volunteers and homeless people in a variety of activities for recruiting and promotional reasons. I am willing to support their efforts. TLHMM has my permission to use my name and photographs of me to promote the ministries programs.
- I understand that the people I am in contact with through this type of ministry could be convicted felons and I release The Lord's Hands & Hearts Ministries, Inc of any responsibility for their words or behavior.
- I understand that I must carry my own health insurance. I will not hold TLHMM responsible for any unforeseen injuries or problems that may occur during the ministry time.

**By signing and submitting this agreement you agree to all terms and conditions listed in the above agreement.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Drivers License # w/ state: \_\_\_\_\_ Profession: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Drivers License # w/ state: \_\_\_\_\_ Profession: \_\_\_\_\_

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

Children who may be joining us in serving:

1<sup>st</sup> Child: \_\_\_\_\_ DOB: \_\_\_\_\_ 2<sup>nd</sup> Child: \_\_\_\_\_ DOB: \_\_\_\_\_  
 3<sup>rd</sup> Child: \_\_\_\_\_ DOB: \_\_\_\_\_ 4<sup>th</sup> Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Briefly explain why you are interested in serving with us \_\_\_\_\_  
 \_\_\_\_\_

Areas of Interest (check as many as appropriate):

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Homeless Feeding     | <input type="checkbox"/> Food Donation/Prep | <input type="checkbox"/> Homeless Ministry   | <input type="checkbox"/> Worship/Tech Arts   |
| <input type="checkbox"/> Van Shuttle          | <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Web Design          | <input type="checkbox"/> Administrative      |
| <input type="checkbox"/> Disciple/Mentor      | <input type="checkbox"/> Teaching           | <input type="checkbox"/> Intercessory Prayer | <input type="checkbox"/> Construction/Repair |
| <input type="checkbox"/> Landscape Maint.     | <input type="checkbox"/> Sponsor Fun Night  | <input type="checkbox"/> Food Pantry         | <input type="checkbox"/> Graphics/Marketing  |
| <input type="checkbox"/> Sidewalk Celebration | <input type="checkbox"/> Street Evangelism  | <input type="checkbox"/> Resale Store        |  |

What skills or goods do you have that you would like to donate to this work? \_\_\_\_\_  
 \_\_\_\_\_

Availability:  Weekly  Twice a Month  Once a Month Other: \_\_\_\_\_

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

**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We thank God for your heart to serve the less fortunate, the lost, and the broken and your desire to see a city transformed.

Please email this completed form to [info@handshearts.org](mailto:info@handshearts.org) or mail to address below.  
 We will be in touch with you as soon as possible.  
 May God bless you.

**Ministry Office:**  
 3927 Main Street  
 Dallas, TX 75226  
 469.348.8069  
[www.HandsHearts.org](http://www.HandsHearts.org)