



Epiphany Ministries Volunteer Form

Please **print** all information:

Date: _____ DOB (optional) _____ M/F _____
Name: (First) _____ (MI) _____ (Last) _____
Home Address _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone _____ Fax: _____
E-mail (please print): _____
Emergency Contact Name _____
Reach Number _____ Relationship _____

What types of experience do you have working with individuals with special needs?

Please describe your interest, education, training, skills or talents which have equipped you to work with individuals with special needs:

Is there any fact or circumstance that would inhibit your being entrusted with the supervision, guidance, and care of individuals with special needs:

Please provide two references. They can be professional, personal or family:

Name _____ Relationship _____
Address _____
Phone _____

Name _____ Relationship _____
Address _____
Phone _____

*Epiphany participants are individuals with special needs who participate at the fullest when leadership and volunteer interaction is consistently delivered. Like all of us, participants respond best to environments and relationships where they feel safe and respected. The goal of Epiphany Ministries is to provide such an environment for **all** participants and volunteers involved in the Ministry.*

With that goal in mind,

I commit to serving Epiphany as (please check ALL that apply to your commitment):

- ☐ A **Sunday School Teacher or Shepherd**, Sundays from 9:30am to 10:30am.
- ☐ A **Life and Arts Volunteer**, Sundays from 10:30am to 2:30pm **at least one time every six weeks**, to establish consistency in interactions with participants.
- ☐ A Volunteer for Special Events, such as community dances, field trips, March for Respect, etc.
- ☐ I am willing, as part of the Epiphany application process, to provide additional information for a **Criminal Background Check** in compliance with PHPC policy.
- ☐ I commit to attending **initial and ongoing annual training** to serve as a Volunteer in the PHPC Epiphany Ministries.

Signature

Date

Please return this application to: Preston Hollow Presbyterian Church
ATTN: Epiphany Ministries/Congregational Care
9800 Preston Road
Dallas, TX 75230

Or, personally give to DeLane Zipper, Epiphany Volunteer Coordinator

January 14, 2012