

ADMINISTRATIVE VOLUNTEER JOB DESCRIPTION

SUMMARY DESCRIPTION

An administrative volunteer is a valuable asset to Smoky Hill Vineyard. While their day to day duties may differ by assignment, their overall strategic role is to assist with purpose and commitment in various areas.

GENERAL RESPONSIBILITIES:

- Meet assignment deadlines as outlined in each request form.
- Communicate and demonstrate the vision of SHV.
- Attend all required training, orientation and volunteer meetings.
- Ensure good attendance for assigned work times.

PREREQUISITES AND DESIRED QUALITIES:

- Possess general office experience.
- Able to operate office equipment.
- Proficient with all Microsoft office software, i.e., Excel, Word, Outlook, or Powerpoint.
- Be a self starter.
- Be quick to learn processes.
- Have a positive, open attitude.
- Be a team player.
- Support established policies and procedures.
- Must have a personal relationship with Jesus.
- Be willing to work where needed.

ADMINISTRATIVE VOLUNTEER APPLICATION FORM

NAME:

ADDRESS:

CELL PHONE:

HOME PHONE:

EMAIL:

Emergency Contact Person:

Best Phone Number for Emergency Contact:

Tell us about yourself:

What work do you enjoy most?

Are there things you would prefer not to do?

How many hours a week/month can you volunteer?

Are mornings or afternoons best for you?

Write a brief statement about your walk with Jesus:

Why do you want to volunteer at SHV?

Please list your last two employers and give a brief description of your duties:

Employer 1:

Person to contact:

Job Description:

Responsibilities/duties:

Employer 2:

Person to contact:

Job Description:

Responsibilities/duties:

Personal Reference 1:

Name:

Contact Information:

Personal Reference 2:

Name:

Contact Information:

How would these people describe how you relate to others?

Do you have any physical limitations that we need to understand?

Please read, sign below and return this application and the background check form to the church office.
The information I have given is true and complete to the best of my knowledge. I give permission for
Smoky Hill Vineyard to call my references and secure a background check.

Signature:

Date:



Smoky Hill Vineyard

Background Check Authorization

Please Print

First Name:	Middle Name:	
Last Name:		
Former Name (s):	Dates Used:	
Current Address Since:		
Street:	City:	State/Zip:
Previous Address From:		
Street:	City:	State/Zip:
Previous Address From:		
Street:	City:	State/Zip:
Social Security #:	Date of Birth:	
Driver's License #:		
Telephone #:		

The information contained in this application is correct to the best of my knowledge. I hereby authorize Smoky Hill Vineyard and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, credit report, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Smoky Hill Vineyard or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Smoky Hill Vineyard, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature:	Date:
------------	-------

Reset Form 

Print Form 

Submit Form 