



Dear candidate:

We appreciate your request for information regarding employment and/or volunteer opportunity at The King's Daughters Ministry. We are excited about what God is doing here and feel privileged to join Him in His work.

Enclosed is an application and consent form. Please complete these forms and return them to our office at your earliest convenience. Forms may also be mailed to The King's Daughters Ministry P.O. Box 476, Stanley, NC 28164, Attention: Volunteer Coordinator or emailed to [Info@kdmonline.org](mailto:Info@kdmonline.org).

All areas of these forms must be completed, noted with N/A, or noted with "see attached" in order for our office to begin processing your application. Please note that further forms/actions (such as Permission for Background Check & Drug Test) will need to be completed prior to beginning service in our organization.

**You will be notified upon our receipt of your application and we will begin contacting your references. To assist in the smooth processing of your application, please be sure to make prior contact with all references so that they are aware that they will be receiving an inquiry. If a reference fails to respond, we will contact you for an alternate. Once all references are received and reviewed, you will be contacted for an interview.**

Thanks again for your desire to serve God with us at The King's Daughters Ministry. I look forward to hearing from you.

Many blessings,

*Sheryl Dorsey*  
President

The King's Daughters Ministry is a 501-c3 non-denominational non-profit organization.

*"I will be a Father to you, and you shall be My sons and daughters,  
says the Lord Almighty." (2 Cor. 6:18)*

PO Box 476, Stanley, NC 28164 \* 704-263-4204  
[www.KDMonline.org](http://www.KDMonline.org)

The King's Daughters Ministry  
Employment & Volunteer Application

Please send completed application via email to our office at [Info@kdmonline.org](mailto:Info@kdmonline.org) or via regular mail Attention to: Volunteer Coordinator

The King's Daughters Ministry, PO Box 476, Stanley, NC 28164.  
Questions? Please contact our office at 704-263-4204 or email [Info@kdmonline.org](mailto:Info@kdmonline.org)

Today's Date: \_\_\_\_\_ Volunteer or Employment (circle one) Position desired: \_\_\_\_\_

DOB: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip

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

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Best time to be contacted \_\_\_\_\_

Number of hours available per week \_\_\_\_\_ Prefer: AM PM

Best Day(s) to serve: Mon Tues Wed Thurs Fri Sat Sun Events

Present church member \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ In membership process

Church Name \_\_\_\_\_

Church/ministry positions held in the past \_\_\_\_\_

Occupation \_\_\_\_\_

Where employed \_\_\_\_\_ Full-time / Part-time

What skills, spiritual gifts, or talents do you have which might be useful in this position?

What training or experiences do you have which might be useful in this position?

If you could do anything for God without fear of failure, what would it be (please be specific)?

Have you been convicted of a criminal offense?    Yes    No  
(If yes, please explain below)

Have you been convicted of child abuse or sexual abuse or been involved in any activities related to molesting or abusing children/youth? If yes, please explain.

What moving violations are on your driving record? Please list and explain.

**REFERENCES:** Please provide name, phone, & email/ mailing address of three references, including a former supervisor if applicable and your pastor or church leader (no family members please). *If you cannot provide an email, please provide mailing address. We no longer take references over the phone. All references must be 18 years or older.*

Name	Phone	Email/Mailing Address
1. _____		
2. _____		
3. _____		

Why do you want to work or volunteer? [or What do you want to gain from this volunteer experience?]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\* If applying for employment please attach resume. Thank you**

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

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

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

Phone:    Day    \_\_\_\_\_    Evening \_\_\_\_\_

On space provided below or on a separate piece of paper, please provide your testimony:

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***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of employment or volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer/employment position and in interviews with The King's Daughters Ministry that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by The King's Daughters Ministry. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with The King's Daughters Ministry or my termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Adult Consent and Release Form – Perpetual

I, the undersigned adult, hereby consent to my participating in The King’s Daughters Ministry (KDM) to complete volunteer/employment activities at any location as sponsored by The King's Daughters Ministry. This includes any and all tenants, landlords, or property owners. This consent & release shall remain in effect until either party terminates relationship.

Furthermore, I certify that I am able to participate in these activities including, but not limited to any and all work. If I have medical conditions which may be relevant to a physician in case of emergency, I have listed them below. In the event an emergency occurs, please notify \_\_\_\_\_ (print name) at the telephone(s) listed below. If he/she cannot be reached, I hereby authorize \_\_\_\_\_ (print name of the authorized individual or “none” or “any KDM Officer”) to make emergency medical decisions in consultation and in accordance with the medical decisions of my treating physician(s). If there are any activities that I do not want to participate in, you will find them listed below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL RISKS OF INJURY AND/OR DEATH WHICH MAY BE ENCOUNTERED DURING SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.

Medical Conditions to be Aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency Contact Name: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

Emergency Contact’s Phone Numbers:

(Best) \_\_\_\_\_ Alternate: \_\_\_\_\_

List restrictions, if any): \_\_\_\_\_

Volunteer/Employee Signature: \_\_\_\_\_

Volunteer/Employee Printed Name: \_\_\_\_\_ Age: \_\_\_\_\_



## Confidentiality Agreement

This confidentiality agreement is by and between The King's Daughters Ministry (KDM), and \_\_\_\_\_.  
(Name of staff member/volunteer)

This agreement applies to all staff members and volunteers (to include members of the board of directors and program advisory board) associated with and/or involved in the activities or affairs of The King's Daughters Ministry. This includes all activity associated with any KDM location.

All data, materials, knowledge and information generated through, originating from, or having to do with KDM is to be considered privileged and confidential and is not to be disclosed to any third party. All pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages (received or transmitted), resources, contacts, e-mail lists, e-mail messages, is confidential and is the sole property of KDM. This also includes, but is not limited to, any information of, or relating to, our staff, volunteers, clients, operations and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form.

**Non-disclosure of Confidential Information:** The staff member/volunteer signing this document hereby agrees that he/she shall:

- 1) Hold all information disclosed to him/her in strictest confidence and shall not disclose said information to any person at any time.
- 2) Maintain all confidential material, and when necessary, dispose of in a secure and confidential manner.
- 3) Refrain from publicizing any information orally or by written word or any other medium of communication unless permission has been granted by a duly authorized KDM individual.
- 4) Keep all information confidential even after separation from KDM.

I acknowledge and understand that a copy of this agreement will become a part of my staff/volunteer file. I understand that my failure to abide by the terms of this Confidentiality Agreement may result in the termination of my participation as a staff member or volunteer at KDM and could result in legal action.

I confirm that I have read the above statements and agree with them. By signing this Confidentiality Agreement, I agree to the highest ethical standards and will adhere to and honor all confidential requirements contained in this agreement.

I, (print name) \_\_\_\_\_, have read the above Confidentiality Agreement and understand its terms and my responsibilities as a staff member/volunteer.

\_\_\_\_\_  
Signature of Staff Member or Volunteer

Date: \_\_\_\_\_