



Do Good Restaurant and Ministry
25 West Main Street
Osgood, Ohio 45351
419-582-GOOD (4663)
www.dogoodrm.com

Do Good Restaurant and Ministry Volunteer Application

We would like to express our sincere gratitude for your time, talents, and contributions for Do Good Restaurant and Ministry. We are very excited to have you be a part of something that will be so fruitful for His kingdom. Please keep Do Good and all of those who serve it in your prayers. Thank you, and God bless you!

Date of Application: _____ Contact Hillary with questions: 419-305-5531

Completed applications can be submitted by email or mail:

- Email hillarylange@dogoodrm.com
- USPS

Attn: Hillary Lange
Do Good Restaurant and Ministry
25 W. Main Street
Osgood, Ohio 45351

Contact Information

Name (first, middle, last): _____

Have you ever used a different name? If so, what name and when? _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____ Date of Birth: _____

Do you text? Yes No Social Security Number: _____

Do you have Facebook? Yes No Do you follow us on Facebook? Yes No

Preferred method of contact: _____ Preferred time of day to contact: _____

Person(s) to Notify in Case of Emergency

Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Relationship: _____

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Name: _____
Street Address: _____
City, State, Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-Mail Address: _____
Relationship: _____

Physician Name: _____
Name of Practice: _____
Telephone Number: _____

Availability

- Please provide your availability for the time slots below for the next few months. Before the next schedule is created, we will ask for your new availability for the next few months.
- We would like a commitment of no less than 3 hours per shift to keep a consistent and steady flow for the restaurant.
- We will not schedule you for all the available hours you list—only the total hours you are offering to volunteer. This just allows us flexibility in filling the shifts.
- If you cannot work an assigned shift, please first try to fill the opening yourself by calling someone on the list that will be provided. If you cannot get a sub, please contact Hillary.

When are you available for volunteer assignments? (minimum 3 hours per shift)

___ : ___ am/pm to ___ : ___ am/pm Monday
___ : ___ am/pm to ___ : ___ am/pm Tuesday
___ : ___ am/pm to ___ : ___ am/pm Wednesday
___ : ___ am/pm to ___ : ___ am/pm Thursday
___ : ___ am/pm to ___ : ___ am/pm Friday
___ : ___ am/pm to ___ : ___ am/pm Saturday

What are the number of hours that you are available to volunteer each week?

- ___ As needed
- ___ 1-5
- ___ 5-10
- ___ 10-15
- ___ 15-20
- ___ 20-25
- ___ 25-30
- ___ 30+

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Interests for Volunteering

In which areas are you best suited to volunteer? Please note that we hope to cross-train you in several areas to broaden your skills and to help cover other areas in need. Also, we will be training you to meet code, regulation, and company values.

Restaurant

- Line Cook
- Deli
- Prep
- Expeditor
- Runner
- Dishwasher
- Building Maintenance
- Housekeeping
- Laundry Room
- Supervisor
- Hostess
- Server
- Busser
- Bartender
- Ground Maintenance
- Office Help
- Art, Design, Photography
- Other: _____

Ministry

- Baby Ministry
- Bible Studies
- Exercise Ministry
- Health and Wellness Clinic
- Honor Meals
- Tutoring Ministry

In the future, would you be interested in a paid position?

- Yes, part time
- Yes, full time
- No

What areas of the restaurant and/or ministry?

Certifications

Everyone will be given the opportunity to become CPR certified at no charge.

Do you have a valid certification for:

1. CPR Yes No
2. First Aid Yes No
3. Pediatric Yes No
4. Lifeguard Yes No

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When Driving Is Required

Do you have your own transportation? ___ No ___ Yes

Valid driver's license? ___ No ___ Yes DL # _____ State _____

Auto liability insurance? ___ No ___ Yes Company: _____

Policy # _____

Do you have a valid CDL license? ___ Yes ___ No

Do you possess a youth bus/school bus driver's certificate? ___ Yes ___ No

About You

Do you have any disabilities or difficulties that we should know about that will help us place you in a desired volunteer position or allow us to give you the assistance, environment, or supplies needed to carry out your position? This information will stay confidential.

List any experience involving children and youth.

List any education, experience, certifications, or other training relevant to the positions.

Why do you want to serve in this position? How do you hope to benefit?

List the qualifications, skills, or talents you have that will be beneficial to this position.

List anything you would like to share with us that is not a part of this application.

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Criminal History

Do not include civil, closed, or expunged proceedings.

- Have you ever been convicted of a criminal offense or plead guilty to a crime, either a misdemeanor or a felony? ___No ___Yes
- Do you currently have any criminal actions pending in which you are the Defendant? ___No ___Yes
- Are you currently on probation or parole? ___No ___Yes
- If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense, and the county and state in which it occurred.

- Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of children and youth? ___No ___Yes If yes, please provide details.

Our Policy

This application does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age against persons whose age is over 40 or on the basis of handicap or disability and any other characteristic required by law. No question on this form is intended to secure information to be used for such discrimination.

Volunteers may not put themselves in a position in which they are alone with a single child and cannot be observed by others. Allegations or suspicions of child abuse are taken seriously and are reported to police and/or state agencies for investigation.

There will be a background check to ensure the safety and well-being of our employees, volunteers, and customers.

All information is kept confidential and secure. Thank you for completing this application form and for your interest in volunteering with us.

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Agreement and Signature

I hereby affirm that my answers to questions on the application are true and correct to the best of my knowledge, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably, understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as an employee/volunteer and that it may result in immediate denial of this application or termination of my volunteer services regardless of when or how discovered; and that my service is subject to government regulations, Do Good review and acceptance of background check, proof of license and insurance, and proof of minimum age.

I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this affirmation. I understand that this application is not valid without my signature.

Full Name: _____

Signature: _____ Date: _____

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