



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 and Employee 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 Lynn with questions: 937-423-4969

Completed applications can be submitted by email or mail:

- Email: lynnmceldowney@dogoodrm.com
- USPS: Attn: Lynn McEldowney
 Do Good Restaurant and Ministry
 25 W. Main Street
 Osgood, Ohio 45351

Contact Information

Name (first, middle, last): _____ Gender: M F

Have you ever used a different name? Yes No

If yes, what name and when? _____

Street Address: _____

City, State, Zip Code: _____

E-Mail Address: _____ Date of Birth: _____

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

Do you text? Yes No Social Security Number: _____

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

Do you have Instagram? Yes No Do you follow us on Instagram? 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 foreseeable future. Please inform Lynn as your availability changes.
- 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 allows us flexibility in filling the shifts.
- In the case of emergency, please contact the manager on duty or Lynn when it is last minute, and please help find a cover. If you know ahead of time, you should switch shifts or get a sub through the Homebase App. If you cannot get a sub, please contact Lynn.

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
- Other _____



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Interests for Volunteering and Employment

In which areas are you best suited to help? 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.

Are you interested in a paid position?

No

Yes: part-time full-time

Maybe later: part-time full-time

I want to do a mix of paid and volunteer

Ministry

A Walk with Job

Bible Studies

Christ Covered Child

Exercise Ministry

Growing Your Faith

Health and Wellness Clinic

Honor Meals

Hope and Healing

Kids 4 Christ

Story Hour with Jesus

Tutoring Ministry

Misc. Event or Activity Help

Other: _____

Restaurant

Line Cook

Deli

Prep

Expeditor

Runner

Dishwasher

Building Maintenance

Housekeeping

Laundry Room

Supervisor

Hostess

Server

Busser

Cashier/Bartender

Ground Maintenance

Office Help

Art, Design, Photography

Misc. Help as Needed

Other: _____

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

Brothers and sisters, while we are here let us do good.

Volunteer and Employee Application Version 2.2023 Page 3



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When Driving Is Required

Do you have your own transportation? Yes No
Valid driver's license? Yes No DL # _____ State _____
Auto liability insurance? Yes No 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? Yes No
- Do you currently have any criminal actions pending in which you are the Defendant? Yes No
- Are you currently on probation or parole? Yes No
- 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.

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- 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? Yes No 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: _____

FOR OFFICE USE ONLY

Forms

- ___ Application
- ___ Health
- ___ Covid Waiver
- ___ Handbook
- ___ Direct Deposit
- ___ W-4
- ___ I-9
- ___ 2 forms of ID
- ___ IT-4
- ___ Minor Work Form
- ___ Ohio New Reporting

Data

- ___ Forms Completed
- ___ Homebase Profile
- ___ Toast Profile
- ___ Name Badge: _____
- ___ Phones: HL, LM
- ___ Excel: HL, KH
- ___ Paid or Volunteer: _____
- ___ Date of Hire: _____
- ___ Date of Leave: _____
- ___ Clock In Number: _____
- ___ Review Anniversary: _____
- ___ Disciplinary Actions: _____