



## 2017 Voice of Peace Retreat Volunteer Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Birthdate \_\_\_\_\_

Phone # (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

2 Emergency contacts (names and numbers) \_\_\_\_\_

Why would you like to serve at this retreat?

\_\_\_\_\_  
\_\_\_\_\_

What are your gifts and talents that would contribute to the retreat?

\_\_\_\_\_  
\_\_\_\_\_

In what capacity would you like to be considered to serve?

\_\_\_\_ Director

\_\_\_\_ Co-Director

\_\_\_\_ Prayer/ intercession

\_\_\_\_ Kitchen – prep, cooking, serving

\_\_\_\_ Activities

\_\_\_\_ Hospitality

\_\_\_\_ Workshop Facilitator

\_\_\_\_ Music

\_\_\_\_ Small group leader

\_\_\_\_ Decorating/set-up

**Do you have any specific training or professional expertise that would benefit the retreat?**

Circle all that apply: Ministerial, Counseling, Stephen's Ministry, Prayer Ministry, Healing and Deliverance, Nursing, CPR, Other

\_\_\_\_\_  
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**Please share your personal testimony**

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**(Use back if necessary)**

**Religious Affiliations** \_\_\_\_\_

**Are you a survivor of Child Sexual Assault?** \_\_\_\_Yes \_\_\_\_No *(It is not necessary for you to be a survivor to serve on the retreat, just have a heart for those sexually abused)*

**Are you comfortable sharing your story publically?**

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**If so, share your journey to healing. Use back, if additional space is needed.**

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**Have you served on a retreat before? Please share.**

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**List medical conditions or allergies or otherwise:**

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Please provide three references:

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

Serving on the VOICE HEALING RETREATS is a serious commitment that requires dedication and determination. The following are expectations of a volunteer:

### **Attend All Scheduled Meetings**

### **VOLUNTEER OPPORTUNITES**

- ☐ **VOICE OF Peace Ladies RETREAT**
- ☐ **VOICE OF POWER Youth RETREAT**
- ☐ **VOICE OF RESTORATION (Level 2)**

All meetings take place at VOICE Today Office 3855 Shallowford Road Suite 110, Marietta, GA 30062 – 678.578.4888 [info@voicetoday.org](mailto:info@voicetoday.org) Skype or call-in information will be forwarded to the email address you provide.

**Meetings will be held 7 to 8:30 Tuesday nights 6 weeks prior to retreat. PLEASE PUT THESE DATES ON YOUR CALENDAR: March 14, March 21, March 28, April 4, April 11, April 25**

**VOICE Today is a non-profit organization supporting the cost of 90% of the guests so we ask that you please donate a \$125 Team Fee to cover your cost of food and lodging for the weekend. Please go to [www.voicetoday.org/donate](http://www.voicetoday.org/donate) and put in purpose line – Retreat Team Fee or bring your check to 1<sup>st</sup> Team Meeting or arrange payments.**

**\*\*\*\*Volunteering is a very important commitment\*\*\*\***

We are grateful for your help in providing this valuable healing program to survivors of child sexual abuse. Hosting the VOICE Healing Recovery weekends is very costly. Many volunteers in the past have requested their church sponsor one or more scholarships. Financial contributions are tax deductible and are a blessing to the VOICE Today ministry to survivors of child sexual abuse.

We are as strong as our weakest link and we need strong ministry teams for each of these retreats. Please make sure you can fulfill the commitment of attending the training meetings and keeping your commitment for Thursday at noon until Sunday at 5pm because wounded lives are counting on you to help them heal!

Please sign the following acknowledging you have read the volunteer application and agree to meet all the requirements to become a VOICE OF HEALING Retreat Volunteer:

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Name

Date

VOICE Today, Inc.

Consent and Permission

I hereby authorize and consent that VOICE Today, Inc. shall have the right to copyright, publish, use or assign all photographic portraits or pictures, television spots, film, videos, internet postings, or sound recordings or any part thereof that may have been taken of me on this date in written or electronic format, video or film for promotional and advertising purposes in any media including the world wide web related to the VOICE Today, Inc. brand experience.

I hereby waive any right of inspection and pre-approval and claims for compensation.

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Signature of participant or Parent or Guardian

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Date

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Name (Please print)