VOLUNTEER APPLICATION

NOTE: The information requested is necessary due to volunteers may be working around motorized equipment, do heavy lifting and may be working with or near individuals under 18 years of age. All information in this application will be verified.

(PLEASE PRINT)

DATE: _____ LAST 4 of SOCIAL SECURITY _____

NAME: _____ _____ _____
(Last) (First) (Nick name or preferred)

DATE OF BIRTH _____

MARRIED ____ SEPARATED ____ DIVORCED ____ SINGLE ____ WIDOWED ____

EMERGENCY CONTACT _____ _____ _____
(Name) (Phone) (Relationship)

HOW DID YOU HEAR ABOUT THIS MINISTRY? _____

HAVE YOU EVER ACCEPTED JESUS CHRIST AS YOUR PERSONAL LORD AND SAVIOR?
YES ____ NO ____ IF YES – DATE _____ WHERE _____

WHY DO YOU WANT TO VOLUNTEER FOR THIS MINISTRY?
_____
_____

IF YOU ARE VOLUNTEERING WITH A GROUP FROM A MINISTRY OR ORGANIZATION,

LIST THEIR NAME. _____

HAVE YOU EVER BEEN INVOLVED IN OTHER MINISTRY OR REHAB PROGRAMS? _____
IF YES, PLEASE LIST PROGRAMS AND DATES BELOW.
_____
_____

ARE YOU WILLING TO SUBMIT TO DRUG AND/OR ALCOHOL TESTING? _____
ARE YOU WILLING TO SUBMIT TO A FINGER PRINT AND BACKROUND CHECK? _____

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A FELONY OFFENSE? _____
IF YES, PLEASE PROVIDE INFORMATION ON **ATTACHMENT (A)**

HAVE YOU EVER BEEN CONVICTED OF A SEXUAL OFFENSE? _____
ARE YOU LEGALLY REQUIRED TO REGISTER AS A SEX OFFENDER? _____
IF YES TO EITHER, PLEASE PROVIDE INFORMATION ON **ATTACHMENT (A)**

ARE YOU CURRENTLY ON PROBATION OR PAROLE? _____
IF YES, PLEASE PROVIDE INFORMATION ON **ATTACHMENT (A)**

DO YOU CURRENTLY HAVE ANY WARRANTS OR UNPAID FINES ANYWHERE? _____
IF YES, PLEASE PROVIDE INFORMATION ON **ATTACHMENT (A)**

DO YOU HAVE ANY PHYSICAL OR MENTAL LIMITATIONS THAT WILL REQUIRE ASSISTANCE OR SPECIAL ACCOMMODATIONS TO PARTICIPATE AS A VOLUNTEER IN THIS PROGRAM? _____
IF YES, PLEASE PROVIDE INFORMATION ON **ATTACHMENT (B)**

ARE YOU CURRENTLY UNDER ANY DOCTOR OR MEDICAL CARE OF ANY TYPE? _____
IF YES, PLEASE PROVIDE INFORMATION ON **ATTACHMENT (B)**

LIST ANY TECHNICAL, TRADE AND JOURNEYMAN SCHOOLS OR PROGRAMS YOU ATTENDED.

_____
_____
_____

ARE YOU A VETERAN OF THE ARMED SERVICES? _____ IF YES, BRANCH _____

DATES _____ RANK _____ DISABLED VETERAN YES NO

DO YOU HAVE A CURRENT VALID DRIVER'S LICENSE? _____ STATE _____

IN YOUR OPINION, WHAT ARE YOUR BEST SKILLS?

_____
_____
_____

I HERBY CERTIFY THAT ALL THE INFORMATION I HAVE STATED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE UNLESS OTHERWISE STATED INCLUDING ATTACHMENTS (A) AND (B) IF APPLICABLE.

SIGNATURE _____ DATE _____
(Applicant)

Signature of person filling out application if different than applicant. _____

THIS APPLICATION WILL BE KEPT IN A SECURE LOCATON AND INFORMATION WILL ONLY BE AVAILABLE TO STAFF MEMBER(S) REQUIRED TO KNOW FOR SAFETY AND SECURITY PURPOSES.

VOLUNTEER APPLICATION
LEGAL ATTACHMENT (A)

INCARCERATIONS

OFFENSE	DATES	CITY & STATE	DISPOSITION

FELONY CHARGES – OTHER THAN ABOVE

CHARGE	DATE	CITY & STATE	DISPOSITION

PROBATION OR PAROLE

OFFENSE	END DATE	REPORT SCHEDULE	LOCATION	PO & PHONE

COMMENTS: _____

_____

WARRANTS

CHARGE	DATES	CITY & STATE	COMMENTS

UNPAID FINES

OFFENSE	DATES	CITY & STATE	AMOUNT	PENALTIES/RESTRICTIONS

VOLUNTEER APPLICATION

MEDICAL ATTACHMENT (B)

PHYSICAL AND/OR MENTAL LIMITATIONS

CONDITION	LIMITATIONS

DOCTOR OR MEDICAL CARE

CONDITION	TREATMENT	SCHEDULE	DOCTOR & PHONE	LOCATION

MEDICATIONS

MEDICATION	CONDITION	DOSAGE	DOCTOR & PHONE	LOCATION

ALLERGIES

_____ _____ _____ _____ _____ _____

CORRECTIVE LENSES – (EYE GLASSES)

DO YOU NEED EYE GLASSES TO READ OR DRIVE? _____

IF YES, DO YOU HAVE A CURRENT PAIR OF GLASSES FOR YOUR PRESCRIPTION? _____

OTHER MEDICAL INFORMATION NOT LISTED ABOVE

_____

_____

_____