



C4k
Coalition For Kids

For CFK Office use only:	
<input type="checkbox"/>	Folder
<input type="checkbox"/>	BG
<input type="checkbox"/>	References
<input type="checkbox"/>	Orientation
Date Started: _____	

VOLUNTEER / MENTOR APPLICATION

Date: _____ Name (First, MI, Last): _____ Gender: Male Female
 DOB: ___/___/___ Social Security #: ___/___/___ Race: _____ DL (ST & #) _____
 Local Address: _____ City: _____ State: ___ Zip: _____
 Local Phone: (____) _____ Cell Phone: (____) _____
 Permanent Address: _____ City: _____ State: Zip: _____
 Permanent Phone: (____) _____ Email: _____
 Emergency Contact: _____ Phone: (____) _____
 Marital Status: Never Married Widowed Divorced Married Spouse: _____

For CFK Volunteers, at which site:
 Fairmont Amistades North Side Mountain View Indian Trail Middle
 Southside Keystone Kids In Action (KIA)

	Monday	Tuesday	Wednesday	Thursday	Friday
3:00PM-5:30PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:30PM-8:00 PM (KIA only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Church, School, or Organizational Affiliation: _____ Hours needed: ____
 List previous experience, if any, working with children: _____
 List any special skills that you have: _____

Briefly describe your personal faith and reason for wanting to participate in this ministry:

Do you feel as though you have a personal relationship with God? How do you know?

If not, would you like someone to talk to you about how you can know for sure? _____

Volunteering to complete a Community Service Sentence? Yes No Hours needed _____
 Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please explain _____
 Probation Officer Name: _____ Phone #: _____
 Have you ever been victim of mental, physical, or sexual abuse: Yes No
 Please explain: _____

“I verify that all information given to me in this application is true. I authorize a complete reference and background check. By my signature below, I authorize inquiry with regard to my character of any and all personal and agree to hold such persons harmless with respect to any information that we may give.”

Signature: _____ Date: _____
 CFK Staff: _____ Date: _____

Return to: Coalition For Kids, Inc. • 2308 Watauga Road • Johnson City, TN 37601