



Office use only:
 Folder
 BG
 Orientation
 Date Started: _____

VOLUNTEER APPLICATION

Date: _____ Name (First, Middle, Last): _____ Gender: Male Female
 DOB: ___/___/___ Social Security #: ___/___/___ Race: _____ Driver's License (State & #) _____
 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: _____)

Please mark which site you would like to volunteer with, if there is no preference, leave blank:
 Fairmont Amistades North Side Indian Trail IS Mountain View
 Southside Carver Memorial Park Kids In Action (KIA)

Please mark your available times to volunteer, if there is no preference in time, leave blank:

	Monday	Tuesday	Wednesday	Thursday	Friday
AKC 3:00-5:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KIA 5:30-8:00	<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: _____

How did you hear about our organization _____

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 or No Hours needed _____
 Have you ever been convicted of a felony or misdemeanor? Yes or No If yes, please explain _____

Probation Officer Name: _____ Phone #: _____

Have you ever been victim of mental, physical, or sexual abuse: Yes or 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: _____

C4K Staff: _____ Date: _____