



# Volunteer Application

**DATE:**

**ROLES (Please check what roles(s) you're interested in)**

- Resource Friend  Family Friend  Host Family  Family Coach  Ministry Lead

**SERVE (Please check what area(s) you're interested in)**

**Service/ Support**

- Babysitting  Mentoring-Child  Mentoring- Teen  Mentoring- Adult  
 Transportation  Meals  Tutoring  Home Visitor  Cleaning/ Organizing Home  Employment Assistance  
 Housing Assistance  Spiritual Mentoring  
 Parent Support/Assistance  Errand Running  Prayer  Other: \_\_\_\_\_

APPLICANT		
LAST NAME:	FIRST NAME:	
BIRTH:	RACE/ETHNICITY:	LANGUAGES:
<i>(Date)</i>	<i>(Place)</i>	
ADDRESS:		
HOME PHONE:	CELL PHONE:	
WORK PHONE:	LAST 4 DIGITS OF SSN: <i>(for Background Check)</i>	
EMAIL ADDRESS:		

APPLICANT SPOUSE		
Spouse also volunteering? <input type="checkbox"/> yes <input type="checkbox"/> no		
LAST NAME:	FIRST NAME:	
BIRTH:	RACE/ETHNICITY:	LANGUAGES:
<i>(Date)</i>	<i>(Place)</i>	
ADDRESS:		
HOME PHONE:	CELL PHONE:	
WORK PHONE:	LAST 4 DIGITS OF SSN: <i>(for Background Check)</i>	
EMAIL ADDRESS:		

**CHURCH INFORMATION**



NAME AND ADDRESS OF CHURCH MEMBERSHIP:

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**HOUSEHOLD COMPOSITION (if child will go to the home):**  
**Include All Individuals Residing in the Home**

NAME	DATE OF BIRTH	RESIDES (Check Box)		RELATIONSHIP TO APPLICANT <i>(Biological, step, foster child, adopted child, god child, other)</i>
		Part-Time	Full-Time	
1.		<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	

**Transportation**

Will household vehicles be used to transport children?  Yes  No

Does the applicant(s) have proof of insurance and a valid driver’s license for vehicles used to transport children?  Yes  No; if no explain:

I understand that I must have appropriate child safety seats when applicable.

I have attached the driver’s license and proof of insurance for every eligible driver to this application.

**Self-Disclosure:**

Have you ever been convicted of child abuse?  yes  no

Have you ever been arrested?  yes  no

Have you been convicted of a felony?  yes  no

Have you ever been involved in a domestic violence incident?  yes  no

Have you ever had a substance abuse or alcohol problem?  yes  no

Have you ever had mental health problems?  yes  no

**References:**                      Name                      Email Address                      Phone

Pastor: \_\_\_\_\_

Friend: \_\_\_\_\_



Colleague: \_\_\_\_\_