

## "A MINISTRY OF JUSTICE AND MERCY"

**Volunteer Application** 

If you are interested in volunteering, please complete this form and submit it by mail, fax (330.665.0710) or email attachment to <a href="mailto:Charles.tyler@4childrenandfamilies.com">Charles.tyler@4childrenandfamilies.com</a>

Date of Application:		
Name:		
Address:		
City:	State:	Zip:
Day Phone:	Evening Phone:	
Email Address:	Date of birth:	_
Church Affiliation:	Length of Membership:	_
Do you have a valid driver's license?	☐ No Can you travel if job re	quires? 🗌 Yes 🔲 No
Do you have your own transportation?   Yes	☐ No	
Driver's license number and state:		
Place of Occupation:		
How long have you been employed there?	Days and hours you wo	ork:
Current job responsibilities:		
Marital status:   Single   Married	Do you have children?	s 🗌 No
How did you learn about us?		
Emergency Contact		
Name:	Phone Number:	
Relationship:		
Qualifications		
Academic achievements (schools attended, deg	grees earned, dates of completion	n):

Licenses or Certifications:		
Do you have First Aid training?		
Do you have CPR training?		
Volunteer Skills and Interests		
Age group you desire to work with:		
When would you be available to begin?  Minimum length of commitment:		
Times and days available:		
List any gifts, callings, training, education, or other factors that have prepared yo		ork.
What skills would you bring to the volunteer program?		
List any relevant volunteer positions you have held, list the duties you performed volunteer service.	I, and the dates o	f your
Why do you want to volunteer?		
List any special interests or hobbies you have.		
List any foreign languages you can speak, read, and/or write:		
Good		
Good Fair		
Background Information		
Have you ever been convicted of a criminal offense (felony/misdemeanor)	☐ Yes	☐ No
except for minor traffic violations)?	□ 163	
2. Have you ever been convicted of a sexual offense relating to children, child	☐ Yes	☐ No
abuse, domestic violence, or a crime of violence?		
3. Have you ever been reported to a social service agency, law enforcement	☐ Yes	☐ No
authority, child abuse registry, or similar organization regarding abuse, neglect	rt,	
or misconduct regarding children?		
If yes, please explain:		

4. Have you ever been disciplined, or dismissed from employment or a volunteer position by an employer, including charitable or religious organization, following an allegation of child abuse, child neglect, sexual misconduct, sexual harassment, or other immoral or inappropriate behavior or conduct? If yes, please explain:	☐ Yes	□ No
5. Do you have any investigation, review or disciplinary action pending by an employer, organization in which you have may have volunteered, licensing authority, professional association or other governmental agency for sexual misconduct, abuse, violence, or misconduct involving children? If yes, please explain:	☐ Yes	□ No
<ul><li>6. Were you abused as a child? (You may refuse)</li><li>7. Do you have a history of substance abuse and/or mental illness? (You may refuse)</li><li>8. Are you aware of any reason why you should not work with children, youth, or others?</li></ul>	☐ Yes☐ Yes☐ Yes	☐ No☐ No☐ No☐ No☐
<ul> <li>9. Do you agree to observe all guidelines and policies regarding working with preschoolers, children, and youth?</li> <li>Yes No</li> </ul>		

References	
3 Professional and/or Personal References (r	not including relatives):
Name:	Phone number:
Address:	
Company:	Position:
Permission to contact:  Yes No	
Name:	Phone number:
Address:	
Company:	Position:
Permission to contact:  Yes No	
Name:	Phone number:
Address:	
Company:	Position:
Permission to contact:  Yes No	
Applicant's Statement	
I certify that answers given herein are true and c	complete. I authorize the investigation of all statements
contained herein. I understand that any omission	n or false or misleading information given either in this
application or in personal interview(s) may result	t in discharge.
Signature	