***GRACE TEMPLE ASSEMBLY OF GOD***

# APPLICANT INFORMATION

***VOLUNTEER APPLICATION***

|  |
| --- |
| Name (Last) (First) (Middle) Date |
| Address City State ZIP Code |
| Telephone Alternate Telephone Best Contact Time E-Mail Address |
| Volunteer Position Considering AvailabilityFull-Time Part-Time Temporary |
| What Hours Are You Available to Work? |
| In Case of Emergency Notify Telephone | Name of Nearest Relative Telephone |

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# VOLUNTEER EXPERIENCE

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| --- |
| Have you ever volunteered in the past?Yes No |
| Job Position Supervisor Start Date End Date |
| Job Position Supervisor Start Date End Date |
| Special Interests and Hobbies |
| Do you have your own transportation?Yes No | Valid Driver's License?Yes NoDL #:  | Liability Insurance? Yes No |
| How many hours per week are you available to volunteer? Days Evenings Weekends  |
| Can you make a one-year commitment to this volunteer role? |
| Why would you like to volunteer as a worker with children and/or youth? |

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**VOLUNTEER EXPERIENCE (Continued)**

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| What qualities do you have that would help you work with children and/or youth? |
| How were you parented as a child? |
| How do you discipline your own children? |
| Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? Yes NoIf yes, please explain fully: |
| Have you ever been exposed to an incident of child abuse or neglect? Yes No |
| Would you be available for periodic volunteer training sessions? Yes No |

**CRIMINAL HISTORY**

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| --- |
| Have you ever been *convicted* of a criminal offense? Check One: Yes No |
| Do you currently have any criminal actions pending in which you are the Defendant? (Not Applicable to California Applicants) Check One: Yes No |
| Are you currently on probation or parole? Check One: Yes No |
| If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred? |

List any education, experience, certifications, or other training relevant to this volunteer position:

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**PERSONAL REFERENCES:**

|  |
| --- |
| Name Address Phone Occupation Relationship |
| Name Address Phone Occupation Relationship |
| Name Address Phone Occupation Relationship |

# APPLICANT STATEMENT

## (Read and Sign Below)

I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that this volunteer application is not valid without my signature.

|  |
| --- |
| Print Name |
| Signature Date |

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