



## Volunteer Application

### Personal Data

Name \_\_\_\_\_

Parent/guardians name (if under 18) \_\_\_\_\_

Age \_\_\_\_\_ Sex (M or F) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent/guardian number (if under 18) \_\_\_\_\_

Your email address \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Are you a Christian (Y or N) \_\_\_\_\_ What does it mean to you to be a Christian \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you active in a local church (Y or N) \_\_\_\_\_ Name of church \_\_\_\_\_

\_\_\_\_\_

Are you a member of that church (Y or N) \_\_\_\_\_

Do you own a car (Y or N) \_\_\_\_\_ Is it insured (Y or N) \_\_\_\_\_

Drivers license number \_\_\_\_\_ Referred by \_\_\_\_\_

Can you speak a foreign language (Y or N) \_\_\_\_\_

If so, which one \_\_\_\_\_

Can you write a foreign language (Y or N) \_\_\_\_\_

If so, which one \_\_\_\_\_

Please list any physical limitations/disabilities and allergies you may have \_\_\_\_\_

\_\_\_\_\_

What motivates you to be involved with youth \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently a student (Y or N) \_\_\_\_\_ if so, where \_\_\_\_\_

Are you employed (Y or N) \_\_\_\_\_ if so, where \_\_\_\_\_

May we contact you at work (Y or N) \_\_\_\_\_

Highest completed level of education \_\_\_\_\_

Please list your degree/diploma \_\_\_\_\_

Have you been convicted of a felony or imprisoned over the last seven years (Y or N) \_\_\_\_\_

\_\_\_\_\_

Have you ever been accused of mistreating or harming children (Y or N) \_\_\_\_\_

If so, please explain \_\_\_\_\_

\_\_\_\_\_

Are you willing to be fingerprinted (Y or N) \_\_\_\_\_

How many hours per week can you volunteer \_\_\_\_\_

Which days (M-T-W-Th-F) \_\_\_\_\_

What age group would you like to volunteer with

Elementary (ages 6-11) \_\_\_\_\_ Junior/Senior High (ages 12-18) \_\_\_\_\_

What skills do you have to offer to at-risk youth \_\_\_\_\_

I would be interested in volunteering as a ...

Grandparent \_\_\_\_\_ Tutor \_\_\_\_\_ Coach \_\_\_\_\_ Cleaning \_\_\_\_\_ Arts & Crafts worker \_\_\_\_\_  
Mentor \_\_\_\_\_ Supervisor \_\_\_\_\_ Receptionist \_\_\_\_\_ Music Instructor \_\_\_\_\_ Bible  
Study Leader \_\_\_\_\_ Kitchen Worker \_\_\_\_\_ Life Skills Trainer \_\_\_\_\_

If life skills, what skills \_\_\_\_\_

Other type of volunteer \_\_\_\_\_

### **CityYouth Ministries Doctrinal Statement of Faith**

(A) We believe the Bible to be the inspired, the only infallible, authoritative Word of God. (B) We believe that there is one God, eternally existent in three persons; Father, Son and Holy Spirit. (C) We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. (D) We believe that, for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential. (E) We believe in the present ministry of the Holy Spirit by whose indwelling the Christina is enabled to live a godly life. (F) We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation. (G) We believe in the spiritual unity of believers in our Lord Jesus Christ.

1. Do you wholeheartedly agree with the above Statement of Faith of CityYouth Ministries? (Y of N) \_\_\_\_\_

2. I do not agree with this statement; however, I do agree to be supportive and not to work against the statement. (Y or N) \_\_\_\_\_

### **References**

List three references (pastor, instructor, employer or friend) that are familiar with the quality of your work, have worked directly with you and have known you for at least two years.

1. Reference's name \_\_\_\_\_

Relationship \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

2. Reference's name \_\_\_\_\_

Relationship \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

3. Reference's name \_\_\_\_\_

Relationship \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I certify that all statements given on this application are correct and I realize that falsification or misrepresentation of this or any personal records may result in dismissal from volunteer service

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

### **Please Return To**

CityYouth Ministries / P.O Box 627 / Jonesboro / AR / 72403

Phone : (870) 932-9398

Fax (870) 932-7342