

VOLUNTEER APPLICATION

Name: _____ Social Security
Date of Birth ____/____/____ Driver License: State ____ Number _____
Street address: _____
City: _____ State: ____ Zip: _____ How long at current address: _____
Phone: Home (____) _____ Cell (____) _____ Work (____) _____
Email: _____

Other names by which you have been known: _____

Please list your addresses in the past three years: _____

1. Have you ever previously volunteered with the Agape Community Center? Yes No

If so, in what ministry? Dates: _____ Ministry: _____

2. What is it that interests you about volunteering at the Agape Community Center?

3. Describe previous experiences you have had in similar volunteer/work opportunities.

4. What would you most like to assist with at the Agape Community Center?

5. What special talents or training do you have?

6. Describe your interests and hobbies?

7. Please list your volunteer experiences with other churches or organizations (use separate sheet if needed.)

Church/Organization	Duties	Dates	Contact	Phone

8. Have you made a personal decision to trust Jesus as your personal Savior? _____ If so, when? _____

9. Give a brief testimony about your personal walk with the Lord.

10. What church do you currently attend? _____

Address & Phone Number: _____

Are you a member? Yes No

How often do you attend services? _____ times a month

11. What other churches have you attended in the last 3 years? (Please list Name/Address/Phone)

12. Please list your employment history (use the separate sheet if necessary)

Dates of employment (Start with most recent)	Company name and address (City, State Zip)	Immediate supervisor name and phone number	Position held	Reason for leaving position
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				

13. Have you ever been convicted of a criminal offense?

Yes No If yes please attach a written explanation.

14. Have you ever engaged in or been accused or convicted of child abuse, indecency with a child, or injury to a child?

Yes No If yes please attach a written explanation.

15. Have you been treated for any nervous or mental illness?

Yes No If yes please attach a written explanation.

16. Have you ever gone through any treatment for drug or alcohol abuse?

Yes No If yes please attach a written explanation.

17. Are you in good health?

Yes No If no please explain.

18. Do you have any special health considerations that we should know about?

Yes No If yes please explain.

19. Would you like to meet with the Agape Center Director regarding any of these issues? Yes No

References

20. Please provide the information for three people who have known you for a minimum of 2 years. The Agape Community Center staff will send these individuals a reference form (and/or call them for an interview). Your application for volunteering at the Agape Community Center cannot be processed without the completion of these three reference forms, so please make sure the contact information that you provide is accurate.

Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person?
Personal / Church			
Professional/Civic			
Family member			

Liability Acknowledgment and Waiver Form

I, _____, being over eighteen years of age, do hereby wish to participate in the activities at the Agape Community Center located at 342 West 111th Street, Chicago, Illinois.

ACKNOWLEDGMENT: I hereby understand and acknowledge that this is an activity that incorporates discipline and supervision during participation. I additionally understand and acknowledge that the instructors are mature and intelligent, and will use wisdom and caution to minimize the possibility of accidental injury. However, because of the type of activity involved, I also understand and acknowledge that the prospect of bodily injury while participating in the activities at the Agape Community Center is a possibility even under the most stringent and safest conditions.

WAIVER: Having understood and acknowledged the above, I hereby waive any and all of my rights pertaining to any and all liability for injuries that are a proximate result of participation in the said activities, that are not against public policy, in relation to the Agape Community Center or Cru[®], International, in which it is a part of.

Applicant Signature: _____

Date: ____/____/____

Supplement for Positions in Children's and Youth Ministry (Part 1)

What is it about working with children or youth that interests you? _____

Describe a time that you have had to deal with a child or youth having behavior problems. How did you handle the situation? _____

The Agape Community Center does not allow the use of physical punishment such as spanking. Would it be difficult for you to follow this policy? Please explain. _____

Describe types of children or situations involving children you would not feel comfortable having in your group. _____

Describe your philosophy for how best to minister to children and youth. _____

You are leading a group activity which requires participants to hold hands. One of the youth in your group says that he does not like to hold hands and refuses to participate. How would you respond? _____

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, or care of children or youth?

Yes No

If yes, please explain. _____

Supplement for Positions in Children’s and Youth Ministry (Part 2)

- Y N** Have you ever been convicted of a criminal offense (felony or misdemeanor?)
Answer “Yes” if you have entered a plea agreement including a deferred sentence or deferred judgment arrangement in connection with a criminal case.
- Y N** Have you ever been charged with a sexual offense, offense relating to children, or crime of violence?
- Y N** Have you ever been the subject of a civil lawsuit involving sexual misconduct, violence, or injury, involving adults or children?
- Y N** Have you ever been reported to any organization or registry for abuse or misconduct involving children?
- Y N** Do you have any disciplinary action or investigation pending by an employer, other organization, professional association, or licensing body, for violence, sexual misconduct, or misconduct involving children?
- Y N** Have you ever been disciplined or dismissed from any volunteer position or employment following an allegation of sexual misconduct, physical aggression, verbal aggression, or other inappropriate behavior or conduct?
- Y N** Have you ever been reprimanded, or asked to leave or end your membership in a church?
- Y N** Have you ever been the subject of a complaint or disciplinary proceeding against any professional license or professional affiliation held by you?

For any “Yes” answers, please attach a detailed explanation in writing.

Applicant Signature: _____ **Date:** ____/____/____

The Agape Community Center appreciates your willingness to share your gifts and talents. Sharing these gifts with each other is a testament to Christ's love for us. Providing safe and secure programs for all the members of the Agape Community Center glorifies Christ and guides others to Him. The information gathered in this application is designed to help us provide the highest quality programming for our members, youth, and volunteers. Please initial each of the statements below.

- I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my ministry involvement.
- I understand that my references will be contacted and that a criminal background check will be conducted. I authorize investigations of all statements contained in the application.
- I understand that I must be interviewed and recommended by a staff of the Agape Community Center before I begin my ministry.
- I agree to observe all of the Agape Community Center's guidelines and policies for the program in which I am applying. I am willing to be trained, supervised, and reviewed by the Ministry Director. I understand that I will be considered as important as a staff member, and will be expected to assume responsibilities as directed by the Ministry Director, including attendance of training sessions when needed. I accept this as a commitment to Christ and His church.
- I understand that I can withdraw from the application process at any time.
- I understand that the Agape Community Center has a *ZERO TOLERANCE FOR ABUSE* and takes all allegations of abuse seriously. I further understand that the Agape Community Center cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of clients is grounds for immediate dismissal and possible criminal charges.
- I declare that I am not a pedophile or child molester and that I have not perpetrated physical abuse, sexual abuse, emotional abuse, or neglect against a child or an adult and that I have never been accused of these acts.
- I understand and agree that false statements and/or omissions regarding past conduct and/or present situation may be grounds for denial of the application to provide volunteer services and that refusal to inform the Agape Community Center of the contents of a sealed criminal record will result in the automatic denial of the application.
- My signature indicates that I have read and understand the above.

Applicant Signature: _____

Date: ____/____/____

I have reviewed this application and have noted any missing information.

Screening Committee Member Signature: _____

Date: ____/____/____