



VOLUNTEER APPLICATION

Personal Data

NAME: _____ AGE: _____ M F - SSN# _____

Street Address _____ City _____ State _____ Zip _____ Home# _____ Work# _____ Cell# _____

Email Address: _____ Are You Over 18 Years of Age? Y N - If No, List on Next Line

Parent/Guardian's Name and Address: _____

Parent/Guardian Home# _____ Work# _____ Cell# _____ Email: _____

Do You Have A Personal Relationship w/The Lord Jesus Christ? Y N - Explain What It Means To Be A Christian: _____

Are You An Active Member in a Local Church? Y N - Name of Church: _____

Do You Own A Car? Y N - Is The Car Insured? Y N - DLN# _____

Who Referred You To CityYouth? _____ Phone: _____

Can You Speak/Read Spanish? Y N - Can You Translate in Spanish? Y N - Any Other Languages? Y N

If Yes, List Here: _____ Are You Currently A Student? Y N - Where? _____

Do You Have Any Physical Limitations/Disabilities/Allergies? Y N - Are You Currently Employed? Y N

Place of Employment: _____ Emergency Contact #: _____

Highest Level of Education Completed: High School College Master Doctorate Trade/Technical

May we contact you at work? Y N—Are You Willing To Be Fingerprinted? Y N

Have You Ever Been Convicted of A Felony or Imprisoned During The Last Seven (7) Years? Y N

Have You Ever Been Accused of Mistreating or Harming Children? Y N - If yes, please explain: _____

How many hours per week can you volunteer? _____ Which Days? Mon Tues Wed Thurs Fri Sat

What Age Group Would You Like To Volunteer With? Elementary (Ages 6-11) Junior/Senior High (Ages 12-18)

What Motivates You To Be Involved With Youth? _____

What Skills Do You Have To Offer "At-Risk" Youth? _____

VOLUNTEER APPLICATION

PAGE 2

I Would Be Interested In Volunteering As A: Grandparent Tutor Coach Cleaning Mentor
 Arts/Crafts Worker Supervisor (stabilizing adult presence) Receptionist Music Instructor
 Bible Study Leader Kitchen Worker (Nightly) Summer Food Program Life Skills Trainer Clerical
 Transportation (Van Driver) Other (Please List) _____

CityYouth Ministries' Doctrinal— "STATEMENT OF FAITH"

- WE BELIEVE** — The Bible to be the inspired, the only infallible, authoritative Word of God.
- WE BELIEVE** — That there is one (1) God, eternally existent in three (3) persons: Father, Son and Holy Spirit.
- WE BELIEVE** — In the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and 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.
- WE BELIEVE** — That, for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential.
- WE BELIEVE** — In the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life.
- 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.
- WE BELIEVE** — In the spiritual unity of believers in our Lord Jesus Christ.

Do you whole-heartedly agree with the above Statement of Faith of CityYouth Ministries YES NO
I DO NOT agree with this Statement of Faith; however, I DO AGREE to be supportive and not to work against the Statement. YES NO

REFERENCES

List three (3) references (pastor, mentor/ instructor, employer, friend) that are familiar with the quality of your work, have worked directly with you and have known you for at least two (2) years.

NAME: _____ HM# _____ WK# _____

ADDRESS: _____ RELATIONSHIP: _____
Street City State Zip

NAME: _____ HM# _____ WK# _____

ADDRESS: _____ RELATIONSHIP: _____
Street City State Zip

NAME: _____ HM# _____ WK# _____

ADDRESS: _____ RELATIONSHIP: _____
Street City State 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's Signature: _____ Date: ____/____/____

PLEASE RETURN TO:

CityYouth Ministries, Inc.
POB 627—Jonesboro, AR 72403
Telephone: 870.932.9398—Fax: 870.932.7342—Email: cityyouthteam@gmail.com