

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

- Evangelism
- Events
- Field work
- Fundraising
- Deliveries
- Food
- Newsletter production
- Volunteer coordination



Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	



Our Policy Confidential Information

1 Timothy 3 outlines necessary qualifications for those who desire to be spiritual leaders, such as being above reproach and having a good reputation. You may be the only example of Jesus Christ that many of the people in our programs see. Please answer the following questions honestly. Your answers will not automatically disqualify you from being invited to volunteer with El Amor de Jesus. Also, please be advised that El Amor de Jesus performs county, state, and federal background checks on every volunteer **that works with children. (NOTE our ministry offers other outreach programs that do not require background check if you are not going to be working with children then you do not need to fill out this part)** Such extensive screening is required of all organizations that work with children.

1. Have you ever been arrested or convicted of a misdemeanor or felony? If so, please explain.

What was the charge? _____

Where? (State/County/City) _____

Year? _____

2. Have you ever been formally accused of child abuse? If so, please explain.

3. Have you ever received psychiatric care? If so, please explain.

4. Have you ever struggled with addiction to illegal drugs or prescription medications? If so, please explain.

5. Do you consume alcohol? If so, in what situations and how often do you drink it?

The lives of many children in EADJ's programs have been ravaged by substance abuse. For this reason, you will be required to refrain from consuming alcohol during any time with the children.



Volunteer Waiver

I understand, and agree to the truthfulness of the claims made herein and that the punishment for knowingly making a false statement includes fines and/or Imprisonment. Under penalties of perjury, I declare that I have read the foregoing, and the facts Alleged are true, to the best of my knowledge and belief.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for filling out this application.

Please scan and e-mail or mail to:

El Amor de Jesus Outreach Ministry

Volunteering

13643 SW 278 Terr

Homestead, FL 33032

