

# Mission of Hope Ministries, Inc.



## Confidential Volunteer Application

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**This form is to be completed by all applicants for any position involving contact with residents.**

### PERSONAL

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Present Address \_\_\_\_\_ Social Security # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_

Do you have a current driver's license? Yes / No Lic. # \_\_\_\_\_

Have you ever been charged with, indicted for, or pled guilty to an offense involving a Minor? \_\_\_\_\_NO \_\_\_\_\_YES

Are you willing to submit to a background check? \_\_\_\_\_no \_\_\_\_\_yes

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### CHURCH

When did you make your profession of faith in Christ? \_\_\_\_\_

When were you baptized? \_\_\_\_\_

List any gifts, callings, training, education or other factors that have prepared you for working with the addicted. \_\_\_\_\_  
\_\_\_\_\_

Are you a member of a local church? Yes/ No If yes, Where \_\_\_\_\_  
\_\_\_\_\_

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Please list churches attended and any ministry or volunteer positions held:

### CHURCH HISTORY

- Church Name \_\_\_\_\_  
Church Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Positions held \_\_\_\_\_ Dates of Service \_\_\_\_\_
  - Church Name \_\_\_\_\_  
Church Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Position held \_\_\_\_\_ Dates of Service \_\_\_\_\_
  - Church Name \_\_\_\_\_  
Church Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Position held \_\_\_\_\_ Dates of Service \_\_\_\_\_
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### REFERENCES

Personal References (not former employers or relatives)

Name	Address	City/ST/Zip	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Statement (Please read and initial each statement)

- \_\_\_\_ The information provided is correct to the best of my knowledge
- \_\_\_\_ I authorize references or churches listed to provide information they may have regarding my character and fitness for volunteer work.
- \_\_\_\_ I release all such references from any liability for furnishing such evaluations, providing they do so in good faith and without malice.
- \_\_\_\_ I waive any right I may have to inspect references provided on my behalf.
- \_\_\_\_ Should my application be accepted, I agree to be bound by the bylaws, policies, doctrinal statement, and mission statement of this organization and to refrain from unscriptural conduct in performance of my services.
- \_\_\_\_ I further state that I have carefully read the forgoing release and know the content there of and I sign this release as my own free act.

Applicant's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_