

**Success and Deliverance Evangelical Ministry, Inc.**  
**Bishop Kelvin Moore, Sr.**  
**Office 323/779-0741 FAX 323/779-0241 Email sademoore@yahoo.com**

Simple volunteer's application

For those of you who have limited time but want to partner with the organization for Special Events, Short-Term or with your family, please fill out the Simple Application below and we will get back to you right away on what is available to meet your needs and those of the organization

Full Name (\* \_\_\_\_\_ )

Email Address (\* \_\_\_\_\_ )

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Referred by: \_\_\_\_\_

Address: (\* \_\_\_\_\_ )

Speak Spanish? No    Some    Conversational    Fluent

**AVAILABILITY:**

What Days are you available? (\*)

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Hours Available/Desired Shift? (ie 2-4pm)

(\* \_\_\_\_\_ )

How Many Days Per Month?

1    2    3    4    5    6    7    More Days

Mission Location of Volunteer Interest: (check all that apply)

- \_\_\_\_\_ Men's Center
- \_\_\_\_\_ Women & Children's Center
- \_\_\_\_\_ Community Ministries
- \_\_\_\_\_ Donation & Distribution Center
- \_\_\_\_\_ Wherever The Need Is

## CHURCH AFFILIATION:

What Church Do You Attend?

(\* \_\_\_\_\_)

How Long?

(\* \_\_\_\_\_)

What Is Your Role In The Church?

(\* \_\_\_\_\_)

What is the goal or vision of the group by volunteering at this company?

(\* \_\_\_\_\_)

## GROUP MAKE-UP:

\_\_\_\_\_ Seniors?

\_\_\_\_\_ Men?

\_\_\_\_\_ Women?

\_\_\_\_\_ Mixed Adults?

\_\_\_\_\_ Youth? (13-18yrs)

\_\_\_\_\_ Children? (12yrs and under)

Group Goal and Objective:

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**PLEASE READ:**

I understand that I, or our group is volunteering my/their time at \_\_\_\_\_ and have no legal claim to wages, overtime premiums, unemployment compensation or benefits of any kind other than spiritual fulfillment which has no monetary value. I verify that all statements are true and accurate and do hereby release the \_\_\_\_\_ from all liabilities regarding our groups volunteerism.

**Reference Check Interview Form**

*References are required for each applicant prior to their certification to work with youth or vulnerable persons. The information that you share will be held in strict confidence.*

Applicant's name: \_\_\_\_\_

Reference name: \_\_\_\_\_

Reference address: \_\_\_\_\_

Street City State Zip

Reference phone and e-mail: \_

1. What is your relationship to the applicant? \_
2. How long have you known the applicant? \_\_
3. How well do you know the applicant? \_\_\_\_\_
4. How would you describe the applicant? \_\_\_\_\_
5. What are some ways you'd like to see this person grow or develop? \_\_\_\_\_  
\_\_\_\_\_
6. Have you observed this person in a frustrating situation? What happened? \_\_\_\_\_  
\_\_\_\_\_
7. What would I not know about this person merely from reading an application or meeting one time? \_\_\_\_\_
8. How would you describe the applicant's ability to relate to children, youth, or vulnerable persons? \_\_\_\_\_
9. Do you know of any characteristics that would negatively affect the applicant's ability to work with children, youth, or vulnerable persons? \_
10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe. \_\_\_\_\_
11. Who else would be able to give me insight into this person? \_\_\_\_\_

12. Please list any other comments you would like to make: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

We appreciate your time in answering these questions as we strive to do everything we can to protect our children, youth, and vulnerable persons. Thank you

Name (First, Middle, Last): \_\_\_\_\_ Date: \_\_\_\_\_

(List any other names that have been used, including maiden or previous married name)

Address: \_\_\_\_\_

Street City State Zip

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

Best time to call: \_\_\_\_\_

SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birth date: \_\_\_\_ Drivers License Number: \_\_\_\_

Marital Status: \_ Spouses Name: \_\_\_\_\_

Emergency Contact: \_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Do you have any medical training or are you CPR certified? \_\_\_\_\_

**Positions**

In which areas would you like to serve? Please check below.

Coordinator

Oversight Committee member

Leader

Teacher

**When are you available to serve?**

Weekday Evening Program \_\_\_\_\_

Saturday Program

Summer Weeklong Camp Program

\* \* \* \* \*

Camp Coordinator

Camp Pilot / Mentor

# Background

How long have you been attending your church? \_\_\_\_\_ years \_\_\_\_\_ months

Are you a member of your church?  Yes  No  In Process

Do you have a personal relationship with Jesus Christ?  Yes  No Since when? \_\_\_\_\_

List your top three spiritual gifts (if you are not aware of your gifts, please ask for a Spiritual Gifts Inventory): \_\_\_\_\_

List any gifts, talents, training, skills or education that have prepared you to work with youth-

\_\_\_\_\_

Do you have any physical disabilities or conditions preventing you from performing certain types of activities?

Yes  No If yes, please explain \_

Have you ever been convicted of a crime?  Yes  No If yes, please explain \_

Have you ever been accused, arrested or convicted of child abuse, neglect, or a crime involving actual or attempted sexual molestation of a minor or other sexually related crime?  Yes  No If yes, please explain \_\_\_\_\_

Do you use illegal drugs?  Yes  No

Have you ever been hospitalized or treated for alcohol or substance abuse?  Yes  No

Are there any circumstances involving your lifestyle or your background that would call into question your ability to work with youth?  Yes  No Please explain: \_\_\_\_\_

\_\_\_\_\_

Have you had any painful experiences in your life that have better equipped you or that may hinder you from a productive ministry with youth?  Yes  No

If so, would you like to talk to a pastor regarding this circumstance?  Yes  No



## **Federal Law Protects Nonprofit Volunteers**

### **Volunteer Management Skill Area**

#### **Types of Volunteers**

#### **Settings in Which Volunteers Are Found or What Volunteers Do**

Simple volunteer's application

Volunteer Requirements

STUDENT VOLUNTEER TIME CARD

Parent or Guardian Letter

VOLUNTEER MATCH | INFORMATION PAGE

Court Referred

First Aid / CPR / AED

Safety Activity

Resources

Survival Products

