



# The Oaks Ministry VOLUNTEER Application

290 Bethel Road, Oxford, PA 19363

Date of Application: \_\_\_\_\_

## VOLUNTEER RECRUITMENT QUESTIONNAIRE

Which of the following volunteering position(s) do you want to apply for?

- |   |   |
|---|---|
| <input type="checkbox"/> Mentor Volunteer         | <input type="checkbox"/> Coordinator                          |
| <input type="checkbox"/> Fund-Raising Volunteer   | <input type="checkbox"/> Volunteer Administrative Coordinator |
| <input type="checkbox"/> Special Events Volunteer | <input type="checkbox"/> Other: _____                         |

Mention the experiences you find relevant for any of the above programs?

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Do you attend church? If so, where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you volunteer at your church?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you speak a language other than English? If so, what other language(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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What is your current occupation? \_\_\_\_\_

How often could you spare your time to volunteer with us?

- Once A Week    Once A Month    Other: \_\_\_\_\_

Please let us know when you are available for volunteer work (please include the time/hours you are available):

Day	Time(s)	Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Where did you hear about our volunteering opportunities? <i>(Check all that apply)</i>	
<input type="checkbox"/> E-Mail	<input type="checkbox"/> Oaks Ministry Website or On-Line Search
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Referred by Friend
<input type="checkbox"/> Other:	

## VOLUNTEER PERSONAL INFORMATION

Name: \_\_\_\_\_  
First MI Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail: \_\_\_\_\_  
 SS# \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Current Address or location where you are living:  
 \_\_\_\_\_  
Street Address City State Zip Code

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_

Please List Three (3) References:

Name	Relationship	Time Known	Phone Number

Have you ever been charged with or convicted of the following: *(Please check Yes or No)*

Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any crime involving a sexual offense, an assault or the use of a weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any crime involving the use, possession, or the furnishing of drugs or hypodermic syringes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reckless driving, operating a motor vehicle while under the influence, or driving to endanger?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered "Yes" to any of the above four questions, please explain below:

The Oaks Ministry has my permission to: <i>(Please check Yes or No)</i>	
Run a background check on myself.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Run a motor vehicles record check on myself if I decide to operate a vehicle.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verify the three (3) references I have provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer for **The Oaks Ministry**.

Name of Volunteer (please print):
Signature of Applicant:
Date:

