

**Find-A-Friend Program**

*Fayetteville Urban Ministry  
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**VOLUNTEER APPLICATION**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

List previous address if you have lived at current address less than two years? \_\_\_\_\_

\_\_\_\_\_

How long have you lived in this country? \_\_\_\_\_

Employer \_\_\_\_\_ Your Position \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Hours \_\_\_\_\_ May we call you at work? \_\_\_\_\_

SS# \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB \_\_\_\_-\_\_\_\_-\_\_\_\_ NCDL# \_\_\_\_\_ Exp. Date \_\_\_\_-\_\_\_\_-\_\_\_\_

Auto Insurance Carrier \_\_\_\_\_ Insurance Exp. Date \_\_\_\_-\_\_\_\_-\_\_\_\_

Family Status Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Name and ages of children in your home \_\_\_\_\_

\_\_\_\_\_

EDUCAATION (Indicate schools, majors, degrees) \_\_\_\_\_

\_\_\_\_\_

Why are you interested in volunteering? \_\_\_\_\_

\_\_\_\_\_

Please list any experience working with young people; (i.e. church, scouts, etc). Include dates. \_\_\_\_\_

\_\_\_\_\_

List any other volunteer experiences \_\_\_\_\_

\_\_\_\_\_

What are your hobbies, skills, special talents, interest? \_\_\_\_\_

\_\_\_\_\_

Please list clubs, professional organizations, church or temple affiliation (include offices held and year) \_\_\_\_\_

\_\_\_\_\_

Please check any one of the following that you are interested in:

- |  |                        |
|--|------------------------|
| _____ One-on-One with a young person   | _____ Transportation   |
| _____ Teaching a skill or hobby to a young person                                  | _____ Fundraising      |
| _____ Tutoring   | _____ Group activities |
| _____ Donating professional services (i.e... Medical, dental, legal artwork, etc). |                        |

Please check any of the following that you feel may prevent you from fulfilling the required time commitment of (2) hours a week for one year:

- |                  |                                      |                    |
|------------------|--------------------------------------|--------------------|
| _____ Employment | _____ Extended trips out of the area | _____ Life changes |
| _____ School     | _____ Other (please specify) _____   |                    |

Do you take any illegal drugs? \_\_\_\_\_

Do you have any history of excessive use of any drugs (over the counter, prescription, and/or alcohol)? \_\_\_\_\_

Have you ever been in treatment (i.e. abuse, alcohol, drugs, emotional problems, etc.)? If so, when and what were the results? \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony, including traffic offenses? \_\_\_\_\_

If yes, state offense and date of conviction \_\_\_\_\_

\_\_\_\_\_

List four references (not relatives) who have known you for at least one year. One must be your employer. Include complete mailing addresses.

1) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

2) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

3) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

4) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

If you have done volunteer work with young people prior to this time, list as a reference your supervisor(s) from that experience, even if it occurred in another state.

1) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

2) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

I certify that all information on this application is true. I understand that false statements or withheld information on my part will be reason to disqualify me from serving as a volunteer. I give my permission to the director of this program to contact the references I have listed. I also understand that there will be a criminal background check done to protect the program and the children. I also authorize the Director to inquire about my qualifications from other people or organizations deemed appropriate. I understand and agree that, in the event one of the references provided by me above, recommends against my being matched with a child in this program, a match cannot be made.

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

## Criminal/Driving History Check

I, \_\_\_\_\_, give the **FIND-A-FRIEND PROGRAM** Permission to check my criminal and driving history, using the following information, through the local Sheriff's department or police Department. I understand that this screening process is necessary for my qualification as a **FIND-A-FRIEND** volunteer.

Sex \_\_\_\_\_ Race \_\_\_\_\_ DOB \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's license # \_\_\_\_\_ Maiden Name \_\_\_\_\_

\_\_\_\_\_  
**Signed** **Date**

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

-----**RESULTS OF CRIMINAL/DRIVING HISTORY CHECK**-----

*Please check one:*

\_\_\_\_\_ Does not have a criminal and /or driving history

\_\_\_\_\_ Does have a criminal and/or driving history with the following charges/violations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signed** **Date**

\_\_\_\_\_  
**Title** **Date Check Completed**