

Contact Information

Full Legal Name: _____
Date of Birth: _____ Social Security #: _____ Male Female
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Emergency Contact

Name: _____ Relation: _____
Home Phone: _____ Cell Phone: _____

About Me

I have completed: Some High School High School Some College College

School you attend/attended: _____

Area/s of study: _____

Do you need hours for credit or service? Yes No

If yes, please explain: _____

Do you have a disability? Yes No If yes, disability: _____

Currently employed? Yes No Position, Employer: _____

Religious affiliation: _____

Church you attend (if applicable): _____

How did you hear about Joni and Friends Central California? (Check all that apply)

Website Newspaper Radio Flyer Friend Family Member

Other (please specify): _____

Why are you interested in volunteering for Joni and Friends Central California? What are you hoping to accomplish through your volunteer work?

What are your personality and character strengths? Do you have any particular skill sets or areas of expertise that could be valuable in aiding our ministry? Please describe.

Please describe any experience you've had with people affected by disability (none required).

Availability

Hours available per week: _____ Preference: AM (8 - noon) PM (1:00 – 5:00)

Best days to serve: Monday Tuesday Wednesday Thursday Friday

Agreement

Have you ever been convicted of a crime involving children and youth? Yes No

Have you ever been convicted of child abuse, sexual abuse, or sexual harassment? Yes No

Have you ever been arrested or accused of child abuse, sexual abuse, or sexual harassment? Yes No

I understand that a background investigation will be conducted and that this investigation may include, but is not limited to, a criminal background check in the files of any Federal, State or local justice agency. I authorize Joni and Friends and associated entities to conduct the background investigation and release them from responsibility for this investigation.

I agree to respect and support the Joni and Friends mission and vision during my volunteer time. I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my removal if discovered at a later date.

Joni and Friends Mission: To communicate the gospel and equip Christ-honoring churches worldwide to evangelize and disciple people affected by disabilities. **Vision Statement:** To accelerate Christian ministry in the disability community.

I have read the above statements and agree to the terms designated.

Signature

Date

To return this application:

- Email: centralcal@joniandfriends.org
- Drop off/mail to: **Joni and Friends Central California**
1300 E Shaw, Suite 135
Fresno, CA 93710