

**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.

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

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**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.

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Signature

Date

**To return this application:**

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