



PLEASE PRINT

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #'s: Home: _____ Cell: _____

E-Mail: _____ Birthday: _____

I am applying to be a Chair Corps volunteer:

I am interested in becoming a Chair Corps Team Leader in the future:

Church you attend: _____

Pastor's Name: _____ Phone #: _____

Employer: _____

Occupation: _____ Phone #: _____

Character Reference: _____ Phone #: _____

Character Reference: _____ Phone #: _____

Do you have any experience working with people with disabilities? Yes No
If yes, please tell us about it.

Are you or a family member affected by a disability? Yes No
If yes, please tell us about it.

Tell us about your relationship with Christ. _____

My goal would be to collect _____ wheelchairs a month.

Website: If approved to be a Chair Corps volunteer, I give permission to display personal contact information (name, phone number, email address) on the Joni and Friends website. The information is displayed for the sole purpose of serving as a resource for those wanting to donate a wheelchair that needs to be picked up/dropped off. All requests for collection must be responded to within 48 hours.

Yes, I have a drop-off site:

Yes, I have a driver's license and a working vehicle for wheelchair pick-ups:

Yes, I have a place to store wheelchairs until they are sent to a Restoration Center:

If you checked the box above, about how many folding wheelchairs do you estimate would fit in your storage? _____

JONI AND FRIENDS STATEMENT OF FAITH

- We believe that there is one God, eternally existent in three Persons: Father, Son, and Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
- We believe in the present ministry of the Holy Spirit by Whose indwelling the Christian is enabled to live a godly life.
- We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.
- We believe that human life is sacred from conception to its natural end. We believe that since all life is sacred, every human being has value and deserves dignity. As such, we must have concern for the physical and spiritual needs of our fellow men.
- We believe God's plan for human sexuality is to be expressed only within the context of marriage, that God created man and woman as unique biological persons made to complement each other in marriage if God wills. God instituted monogamous marriage between male and female as the foundation of the family and the basic structure of human society. For this reason, we believe that marriage is exclusively the union of one genetic male and one genetic female.

By signing or inserting my digital signature, I verify that I have read and understand the following:

1. I confirm that all information in this application is complete and accurate.
2. I verify that I have read, understand, and agree with the [Joni and Friends Statement of Faith](#).
3. All applications are subject to approval by Joni and Friends.
4. I permit Joni and Friends and any designates to photograph me, interview me and/or make audio/video recordings of me. Joni and Friends may publish and disseminate the images for training, promotion, fundraising and other purposes via print and/or electronic distribution via CD or web. I will not receive payment or any other compensation in connection with these images. I release Joni and Friends and its personnel from any and all liability which may or could arise from the taking, recording, publication, distribution or other use of these items.
5. In the event of an injury, I personally accept responsibility for the full expense of medical attention as well as other expenses arising out of such injury. Some projects may have inherent risks associated with them, and it is my responsibility to know what those risks are and to not follow through on any activity I may deem too high a level of risk for my capabilities.

Signature: _____

Date: _____

FOR STAFF USE ONLY

Approved

Declined

Staff Initials: _____

Date: ____/____/____

Area Ministry: _____

Area: _____

Notes:

SEND TO:

Joni and Friends * Attn: Collection Supervisor
PO Box 3333, Agoura Hills, CA 91376 * E-mail address: wheels@joniandfriends.org