



APPLICATION FOR VOLUNTEER POSITION

DATE: _____

NAME: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP: ____

PHONE: (HOME) _____ (BUSINESS): _____

PHONE: (MOBILE) _____ (EMAIL): _____

VOLUNTEER OPPORTUNITY DESIRED

POSITION: _____

DATE YOU CAN START WORK: _____ NUMBER OF HOURS AVAILABLE: _____
 PER WEEK PER MONTH

IF REQUIRED, ARE YOU AVAILABLE TO WORK:
 EVENINGS NIGHTS WEEK-ENDS

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No

EDUCATION	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, CORRESPONDENCE SCHOOL				

TRAINING

SPECIAL TRAINING:(FCC, NASD, ETC) _____

DESCRIBE YOUR GIFTS, TALENTS, ABILITIES, AND SPECIAL INTEREST AREAS: _____

ARE YOU PROFICIENT IN A FOREIGN LANGUAGE? YES NO

IF YES, NAME AND INDICATE PROFICIENCY IN READING, WRITING AND SPEAKING:
E=EXCELLENT F=FAIR P=POOR

LANGUAGE: _____ READ ____ WRITE ____ SPEAK _____
LANGUAGE: _____ READ ____ WRITE ____ SPEAK _____

CHURCH AFFILIATION

PLEASE USE THE FOLLOWING SPACE TO SHARE YOUR PERSONAL TESTIMONY INCLUDING CHURCH RELATIONSHIP AND SALVATION EXPERIENCE. YOU MAY USE ADDITIONAL PAPER IF NEEDED:

UNION MISSION MINISTRIES IS A HOME MISSION ORGANIZATION. WHY WOULD YOU WANT TO WORK WITH A MISSIONARY OUTREACH?

PHYSICAL RECORD

THE FOLLOWING INFORMATION IS ASKED IN CONCERN FOR YOUR SAFETY. WE WILL MAKE ALL PRACTICAL ADJUSTMENTS NECESSARY TO ACCOMMODATE ANY PHYSICAL LIMITATIONS YOU MAY HAVE.

HAVE YOU HAD A MAJOR ILLNESS IN THE PAST 5 YEARS? _____ IF YES, EXPLAIN: _____

IS THERE ANY TYPE OF ACTIVITY THAT IS RESTRICTED? _____ IF YES, EXPLAIN: _____

ARE YOU CURRENTLY UNDER A DOCTOR'S CARE? _____ IF YES, EXPLAIN: _____

DOCTOR'S NAME: _____ ADDRESS: _____

THE FOLLOWING QUESTIONS THAT HAVE AN ASTERICS IN FRONT OF THEM ARE QUESTIONS THAT ARE YOUR CHOICE IN ANSWERING.

ARE YOU UNDER AGE 21 OR OVER 70? _____ IF YES, INCLUDE AGE BELOW.
 *HEIGHT _____ *WEIGHT _____ *SEX _____ *AGE _____

*DATE OF BIRTH: _____ *PLACE OF BIRTH: _____

*MARITAL STATUS: _____ *SPOUSE'S NAME: _____

*NO. OF CHILDREN? _____ * AGES: _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST FIVE YEARS? YES NO

IF YES, PLEASE EXPLAIN:

DO YOU SMOKE? YES NO

DO YOU PARTAKE OF ALCOHOLIC BEVERAGES? YES NO

DO YOU USE ILLEGAL DRUGS? YES NO

LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER:

EMPLOYMENT HISTORY

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH PRESENT OR MOST RECENT EMPLOYER.

1. COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____

SUPERVISOR'S NAME: _____

YOUR JOB TITLE AND DESCRIPTION OF WORK: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

2. COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____

SUPERVISOR'S NAME: _____

YOUR JOB TITLE AND DESCRIPTION OF WORK: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

IS THERE ANY REASON WE SHOULD NOT CONTACT THE EMPLOYERS ABOVE? _____

REFERENCES

GIVE THE NAMES OF PEOPLE WHO ARE NOT RELATED TO YOU AND ARE NOT CURRENT OR PREVIOUS EMPLOYERS

PASTOR

NAME: _____	YEARS ACQUAINTED: _____
ADDRESS: _____	PHONE NUMBER: _____

CO-WORKER

NAME: _____	YEARS ACQUAINTED: _____
ADDRESS: _____	PHONE NUMBER: _____

FRIEND

NAME: _____	YEARS ACQUAINTED: _____
ADDRESS: _____	PHONE NUMBER: _____

APPLICANT'S STATEMENT

I hereby certify that the information provided on this application is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for this position and may be considered justification for conclusion of my service in this role if discovered at a later date.

I authorize an investigation of my current and past employment and activities insofar as they reflect upon my ability to fulfill the requirements of the volunteer position for which I am applying. I agree to cooperate in such an investigation and release from all liability or responsibility all persons requesting or supplying such information.

As a volunteer representative, I agree to conform to the same rules and standards of Union Mission Ministries, Inc. (UMM) as any paid employee, except where inapplicable to this position.

I commit, pending acceptance of this application, to serve for a term of _____ months, unless circumstances necessitate my withdrawal from service, or in the event that I and the management of UMM agree to conclude my service in this role. I recognize that I and the management of UMM may also agree to a continuation at the conclusion this period.

Signature of applicant: _____ Date: _____

PLEASE DO NOT WRITE ON THIS PAGE
FOR OFFICE USE ONLY

INTERVIEWED BY: _____ DATE: _____

COMMENTS:

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COMMENTS:

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COMMENTS:

WILL REPORT _____ DEPT.: _____

POSITION: _____ JOB GRADE: _____

SALARY/WAGES: _____

