

AGAPE MINISTRIES, INC.
VOLUNTEER APPLICATION
(please attach two references, one from a Pastor/Priest)

Name: _____

Address: _____

Phone (Home): _____ Alternate Phone: _____

Email: _____ Day/Night/Weekends available: (Select an answer)

Type of work desired: _____

Present Occupation: _____

Work Experience: _____

Pro-Life Activities: _____

Skills (please check) Spiritual Guidance _____ GED Prep Classes _____ Tutoring _____
Career Development _____ Character Building _____ Parenting Program _____
Abstinence/STD Education _____ Social Skills _____ Nutrition _____ Budgeting _____
Job Opportunities _____ Counselor/Case Worker _____

Please list languages other than English that you speak: _____

Why do you wish to become involved in our work? _____

Marital Status: _____ if applicable, Spouse's Name _____

Number of children: _____ Ages: _____ Your Birthday _____

Church Affiliation: _____

To what other clubs/organizations do you belong? _____

How did you hear about Agape Ministries (Danielle Inn)? _____

What are your expectations in volunteering? _____

I agree to fully adhere to the policies and procedures of Agape Ministries, Inc. My signature indicates my willingness to make a one-year commitment to Agape Ministries. The time I spend can range from two to thirty-two hours per month.

SIGNATURE OF APPLICANT: _____

DATE: _____

FOR OFFICE USE ONLY:

Copy of Driver's License ___ Copy of Car Insurance (if driver) ___ Interviewed by Executive Director ___ Approved ___

Background Check ___ CPR/First Aid Class ___ Health Evaluation ___ Orientation Training ___