



# VOLUNTEER APPLICATION

(Please Print)

Name: \_\_\_\_\_ Gender: Male / Female Race/Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spoken Language(s): \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Occupation & Place of Work: \_\_\_\_\_

Have you ever been fired from a job? Yes / No If yes, explain: \_\_\_\_\_

Do you agree to have a State of Michigan Criminal Background Check Yes / No

Have you ever been convicted of a misdemeanor or felony (other than minor traffic tickets)? Yes / No If yes, explain: \_\_\_\_\_

Do you hold any special certifications? Check all that apply.

CPR  First Aid  Other: \_\_\_\_\_

In what role(s) are you interested in volunteering?

Tutoring  Transportation  Pop Cans  Office Assistant  Meals/Lunch

Do you have a career or trade that you would be willing to share a workshop with our students? If yes, explain: \_\_\_\_\_

What are your interests/skills/hobbies? If doing tutoring, what subject(s) are your strengths? \_\_\_\_\_

Please fill your availability. Total number of hours each week you are available to volunteer: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times						

List a previous volunteer experience:

Organization: \_\_\_\_\_ Volunteer Date Range: \_\_\_\_\_

Duties: \_\_\_\_\_

*Please feel free to use an additional sheet of paper if you need additional space to answer questions.*

**What is your relationship like with God and with Church (be real)? (This does not determine your eligibility to be involved at Escape)**

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**How do you feel about working with people who are different from you? What might you be able to learn?**

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**What is a weakness of yours, or something that makes you unsure about working with youth at Escape?**

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**What strengths do you have that you think would be an asset to volunteering at Escape?**

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**Tell us about your experience working with youth or community groups, or relevant training you've done.**

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**Please provide 2 references (one personal and one professional) who can provide information about your ability to work as a volunteer with youth. Please do not include relatives.**

**REFERENCE 1 - PERSONAL**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Years Known:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**REFERENCE 2 - PROFESSIONAL**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Years Known:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contacts:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**BY SIGNING THIS DOCUMENT I AM AWARE THAT ESCAPE MINISTRIES MAY CONTACT THE ABOVE LISTED REFERENCES. I ALSO UNDERSTAND THAT ESCAPE MINISTRIES IS NOT LIABLE FOR ANY INTERACTIONS BETWEEN YOURSELF AND ANY STUDENT THAT HAPPEN OUTSIDE OF ESCAPE MINISTRIES' SCHEDULED TIMES AND OUTINGS. YOU WILL RECEIVE TRAINING ON ABUSE AND DISCIPLINE POLICY AND BE EXPECTED TO FOLLOW IT.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONGRATS! You've finished the application! We look forward to getting to know you and having you as a part of the family.**

**PLEASE RETURN COMPLETED APPLICATIONS TO ESCAPE MINISTRIES**

202 E 32<sup>nd</sup> Street, Holland MI 49423

616-396-4481

Applications can also be email to [operations@escape-out.org](mailto:operations@escape-out.org)

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