



VOLUNTEER APPLICATION

2016-17

Today's Date: _____

GENERAL INFORMATION

Name: _____
(First Name) (MI) (Last Name)

Address: _____
(Street) (Unit/Apt#)

(City) (State) (ZIP)

Primary Phone #: _____ cell home work

Alternate Phone #: _____ cell home work

E-mail address: _____

Date of Birth: _____
(Month) (Day) (Year)

Gender: Female Male
 Transgender Prefer not to identify

Ethnicity: African-American Asian American
 Caucasian Hispanic
 Multi-Racial Native American
 Other: _____
 Prefer not to identify

Availability:

Days (before 5pm)

Evenings

Thursday Evening

Special Events

Other weekdays:

Marital Status: Single Divorced Married Widowed
 Co-habitat with partner Prefer not to identify

Do you have children? Yes No If yes, how many? _____
If yes, ages of children: < 2 years old 2-4 years old
 5-10 years old 11-13 years old
 14-18 years 19-24 years old
 25 years or older

Do you regularly attend a worship or religious service? Yes No

If yes, please provide the name and location of the church, synagogue, mosque, etc.: _____

EDUCATION/PROFESSIONAL EXPERIENCE

Highest level of education: High School/ GED Some College
 Vocational Training College Degree
 Post Graduate Degree
 Other _____

Name of Employer: _____

Occupation/Job Title _____

How long in position? _____

SKILLS/TALENTS/HOBBIES

Everyone has a special gift (skill or talent) and a hobby or two. Please list your gifts and hobbies:

ADDITIONAL INFORMATION

Please answer the following question:

How would you describe your relationship with Christ? _____

How did you hear about Step By Step? _____

Why do you want to volunteer at Step By Step? _____

What do you hope to gain from your volunteer experience at Step By Step? _____

How much time can you commit on a monthly basis? _____

Do you have previous volunteer experience? Yes No

If yes, please tell us with what organization and what your role or volunteer

duties were: _____

Have you ever been charged with or convicted of a crime? Yes No

If yes, are you willing to discuss this with the Director? Yes No

REFERENCES

Please list two character references that we may contact.

(Please note that character references should be persons other than or family members)

Reference 1: _____
(Name)

(Phone #)

(Relationship)

Reference 2: _____
(Name)

(Phone #)

(Relationship)

OFFICE USE ONLY:

UK Student CSC APO Intern

- Interview Completed
- References Verified
- Background Report Reviewed
- Additional Notes:

VOLUNTEER OPPORTUNITIES

Program Night Team

- Greeter
- Set Up Crew
- Van Driver
- Prepare/Serve Meal
- Support Group Co-Leader
- Child Care Room Volunteer
 - Infants
 - Toddlers
 - Elementary Age
- Speaker
- Lead a Craft or Activity
- Clean Up Crew

Hospitality Team

- Ambassador (i.e. interacts with clients during mealtime, assists new clients with completing forms, etc.)
- Encouragement (i.e. sending cards to clients, participating in special events, etc.)
- Decorating
- Gratitude (i.e. sending thank-you cards to volunteers, donors, speakers, etc.)

Support Team

- Dare to Dream Team Coordinator
- Dare to Dream Team Member
- Mentor

Prayer Team

- Coordinator
- Member

Fundraising Team

- 5K
- Step into Beautiful
- Annual Mom's Retreat
- Other Fundraising

Administrative Team

- Volunteer Appreciation
- Client Appreciation
- Church Liaison
- Web Maintenance
- Social Media Maintenance
- Office Help
- Grant Writing

Special Events

- Christmas Party
 - Coordinator
 - Volunteer
 - Child Care Volunteer
 - Gift Wrapping
 - Gift Donation
- Housewarming Party
 - Coordinator
 - Volunteer
 - Child Care Volunteer
 - Personal Shopper
 - Gift Donation
- Mom's Retreat Team
 - Donate "Goodie Bags"
 - Provide Snacks/Refreshments

STATEMENT OF FAITH

Because we believe Bible scripture is truth (2 Timothy 3:16-17) and Jesus is Lord (Colossians 1:15-20), our ultimate goal is to introduce young single moms and their children to Him (Hebrews 9:27, Matthew 28:18-20). We believe it is our role to exemplify God's grace by our attitudes and actions, imitating Christ's love and acceptance of all who came to him (1 Corinthians 13:1-7). We believe in the sanctity of life, but will not exclude or condemn anyone who has chosen abortion (Psalm 139:13).

APPLICANT'S STATEMENT

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that completing and submitting this application does not guarantee placement. After review and acceptance of my application I will be required to attend and participate in volunteer training sessions as set forth and provided by Step By Step, Inc. ("SBS"). I also agree to provide any additional information required by SBS to ensure a safe and responsible volunteer experience for myself, and those that I serve. I further acknowledge that I have read and am in agreement with SBS's Statement of Faith.

Applicant's Signature

Date Signed

Printed Name of SBS Representative Reviewing Application

SBS Representative Signature

Date Signed

CONSENT AND LIABILITY WAIVER

At Step By Step we sometimes capture special occasion video and/or still photography of activities sponsored by Step By Step. Your signature below indicates that you give Step By Step permission to use your image and/or the image(s) of your child(ren) or any minor guests accompanying you, for any lawful purpose.

I recognize there are risks involved in participating in Step By Step sponsored activities, child care, transportation and/or food. I waive, release, absolve, indemnify, and hold harmless Step By Step, Inc., its volunteers, staff and representatives, and Immanuel Baptist Church from any and all claims for damages of any kind for personal injury to myself or any minor I am responsible for, for any property damage, or any other loss sustained. I further understand that Step By Step does not provide medical or premises insurance, nor any form of medical care or treatment to its participants. I understand that Step By Step will not be liable for any damages or expenses incurred as a result of injury, illness, loss, or damage to person or property while attending Step By Step activities.

Printed Name of Applicant/Volunteer

Applicant/Volunteer Signature

Date Signed

BACKGROUND CHECK AUTHORIZATION

PLEASE PRINT CLEARLY!!

Full Legal Name

Maiden or Alias Names

Home Phone Number

Other Phone Number

Social Security Number

Date of Birth

Email Address

Permanent Address

Street Address/P.O. Box

City State Zip

School/Other Address (if different from permanent address/living away from home)

Street Address/P.O. Box

City State Zip

Signature

Date