

On Eagles Wings
Volunteer Application

Date of application: _____

Name: _____

Date of Birth: _____ Social Security Number _____

Driver's License Number _____ State _____

Member of First Covenant Church? _____ How Long? _____

If not, current church affiliation _____

Home address: _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Email address _____

Place of employment _____

Occupation or position _____

Preferred time and method of contact:

_____ Home Phone Time _____

_____ Work Phone Time _____

_____ Email

_____ Mail

Emergency Contact name and number: _____

I know CPR _____ Course taken _____ Date _____

My strengths that I bring to children include: _____

My experience with children with special needs includes: _____

Education, special training, licenses, permits, or certifications I hold: _____

Areas of interest in volunteering for Evening Stars:

- _____ Administrative Assistance
- _____ Registration/Check In
- _____ Music/Entertainment
- _____ Crafts
- _____ Primary Child Care for Siblings
- _____ Primary Child Care for Special Needs Children
- _____ Photography
- _____ Leading group activities
- _____ Other _____

I am comfortable working with children who are:

- _____ Special needs
- _____ Emotionally Challenged
- _____ Hyperactive
- _____ Infants (age 2 months to 1 year)
- _____ Siblings

I am uncomfortable working with/or doing what? _____

Legal History:

- | | | |
|--|-----|----|
| 1. Are you free of illegal substance abuse? | Yes | No |
| 2. Have you ever been convicted of a criminal offense? | Yes | No |
| 3. Have you ever been arrested or convicted for the use or sale of drugs? | Yes | No |
| 4. Have you ever been treated for alcohol or substance abuse? | Yes | No |
| 5. Have you ever been arrested or convicted or child neglect, abuse, or any form of sexual misconduct? | Yes | No |
| 6. Has your driver's license ever been suspended or revoked? | Yes | No |
| 7. Other than the above matters, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? | Yes | No |

** For any "Yes" answers except #1, please attach a detailed explanation.

Volunteer Signature

Date