

# Volunteer Application

P. O. Box 360833 Columbus, Ohio 43236 Phone (614)252-2500

*This application is to be completed by all persons interested in volunteering at Victory Ministries. The information requested will remain confidential. Please return application directly to the office.*

Please Print:

Name \_\_\_\_\_ Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone (Area Code) Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

I Drive: Car \_\_\_\_\_ Pickup \_\_\_\_\_ Van \_\_\_\_\_ Other \_\_\_\_\_

Home Church \_\_\_\_\_ Member For \_\_\_\_\_ Years

Pastor's Name \_\_\_\_\_ Pastor's Phone \_\_\_\_\_

I Am \_\_\_\_\_ Years Old In CHRIST

Personal Reference Other Than A Relative:

Name & Phone \_\_\_\_\_

Days I Can Help (Circle): Mon Tue Wed Thur Fri  
**(Literacy NOW Tutors may choose between Tues, Wed, or Thurs 12-12:45 p.m. only)**

In Case Of Emergency, Contact \_\_\_\_\_ Phone \_\_\_\_\_

I Have Served In The Following Areas:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Bible Studies       | <input type="checkbox"/> Teaching                  | <input type="checkbox"/> Carpentry    |
| <input type="checkbox"/> Counseling          | <input type="checkbox"/> Phone Prayer Chain        | <input type="checkbox"/> Cleanup      |
| <input type="checkbox"/> Follow-up           | <input type="checkbox"/> Door-To-Door              | <input type="checkbox"/> Electrical   |
| <input type="checkbox"/> Housing             | <input type="checkbox"/> Drug Abuse Program        | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Intercessory Prayer | <input type="checkbox"/> Jail Ministry             | <input type="checkbox"/> Legal Assist |
| <input type="checkbox"/> Leading Worship     | <input type="checkbox"/> Street Ministry           | <input type="checkbox"/> Maintenance  |
| <input type="checkbox"/> Music Ministry      | <input type="checkbox"/> Tract Distribution        | <input type="checkbox"/> Newsletter   |
| <input type="checkbox"/> PA Systems          | <input type="checkbox"/> Nursing-Pharmacist-Doctor | <input type="checkbox"/> Photography  |
| <input type="checkbox"/> Preaching           | <input type="checkbox"/> Accounting                | <input type="checkbox"/> Printing     |
| <input type="checkbox"/> Refreshments        | <input type="checkbox"/> Administration            | <input type="checkbox"/> Secretarial  |
| <input type="checkbox"/> Education           | <input type="checkbox"/> Artwork                   | <input type="checkbox"/> Other        |

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Social Sec.# \_\_\_\_\_

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**Please answer the following questions. If you answer YES to any of the following questions, please clarify the situation in the space provided below.**

Have you ever been convicted of or pled guilty to any crime other than a minor traffic violation, or are you now facing charges for any criminal offense? (A criminal conviction will not necessarily disqualify you from consideration.) No \_\_\_\_\_ Yes \_\_\_\_\_  
*(If yes, please list dates and explanation below)*

Have you ever been reported to a social services or children services agency? No \_\_\_\_\_ Yes \_\_\_\_\_  
*(If yes, please list dates and explanation below)*

Have you had counseling for any type of abuse? No \_\_\_\_\_ Yes \_\_\_\_\_  
*(If yes, please list dates and explanation below)*

Explanations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I agree and represent that:*

- 1. The information is correct to the best of my knowledge.*
- 2. I authorize any references, or any other person or organization, whether or not identified in this documentation, to give you information (including opinions) regarding my character and fitness for voluntary service. I further understand that a criminal records check may be conducted on me, and I consent to any such check.*
- 3. I understand that if I have given any false or inaccurate information on this documentation that it may serve as to disqualify me from eligibility for volunteer service.*

**I have read, understand and agree with/to follow the Victory Ministries Volunteer Guidelines, Statement of Faith, and Expectations. I would like to volunteer with Victory Ministries.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## STATEMENT OF FAITH

The Bible is the inspired Word of God, the product of Holy Men of old who spoke and wrote as they were moved on by the Holy Spirit. We accept the Bible in its *entirety* as our *infallible* guide in matters pertaining to conduct and doctrine.

There is one true God existing eternally as three persons-the Father, the Son, and the Holy Spirit.

God the Father is greater than all; the Source of the Word (Logos) and the Begetter.

Jesus is the Son of God, One with the Father, The Word flesh-covered, the One Begotten, and has existed with the Father from the beginning.

The Holy Spirit proceeds forth from both the Father and the Son and is eternal. He is the invisible presence of God in the earth.

Man is a created being, made in the likeness and image of God, but through Adam's transgression and fall, sin came into the world. Jesus Christ, the Son of God, was manifested to undo the works of sin and gave His life and shed His blood to redeem and restore man back to God.

Salvation is the gift of God to man, separate from works and the law, and is made operative by grace through faith in Jesus Christ, producing works acceptable to God.

Satan exists as the great adversary of God and His people. His judgment and final doom are sure.

Baptism in water is a direct commandment of our Lord and is for believers only. The ordinance is a symbol of the Christian's identification with Christ in His death, burial, and resurrection.

We partake of the Lord's Supper to show the Lord's death till He comes. The bread symbolizes the Lord's broken body. The cup represents the new covenant in His blood which provides us forgiveness and relationship with God.

The Second Coming of Christ is imminent and will be personal and visible; after which He will establish His millennial kingdom upon the earth.

The Future Life will include the conscious existence of the dead, the resurrection of the body, the judgment and reward of believers, the judgment and condemnation of unbelievers, the eternal life of the saved, and the eternal punishment of the lost.

The Great Commission was given by Christ and is binding on every believer to "Go into all the world and preach the Gospel to every creature" with the good news of the Gospel.

**CONSENT TO INVESTIGATE PERSONAL BACKGROUND INFORMATION  
AUTHORIZATION FOR PARTIES TO RELEASE INFORMATION AND  
RELEASE OF ALL PARTIES  
INVOLVED IN BACKGROUND INVESTIGATION**

I authorize the Mentoring Center of Central Ohio and the Buckeye Mentoring Hub, their staff, or agents to investigate my background and character in any manner they see fit, and authorize all persons, companies, law enforcement agencies, other agencies, and schools to release all information concerning my background, character, and suitability to become a volunteer.

I understand that this information may include, but is not limited to, arrest, conviction and driving record information and I hereby release all local, state, and federal law enforcement and other agencies, their officers, employees, administrators and all other persons, companies, schools, firms, organizations or agencies of any kind from any liability or claim of any sort for providing background information concerning me.

I, the undersigned, do for myself, my heirs, executors, and administrators, hereby remise, release and forever discharge the Mentoring Center of Central Ohio, each of their officers, directors, employees, volunteers and agents and all other persons, companies, law enforcement agencies, other agencies and schools from any/all causes of actions, suits, liabilities, cost, debts, and sums of money, claims and demands of any sort whatsoever, any/all related attorney's fees, court costs, and any expenses resulting from or relating to investigation of my background, verification of personal information and/or the release of personal information concerning me.

I understand this information will be used to determine my eligibility for a volunteer and/or employment position with mentoring organization (s) affiliated with the Mentoring Center of Central Ohio. I also understand that as long as I remain a volunteer or employee, the Agency may repeat these investigations at any time.

I hereby certify that I have given the MENTORING CENTER OF CENTRAL OHIO and FCCS (Franklin County Children Services) (when it is the ultimate payer of the background check) permission to obtain all criminal history information pertaining to me in the files of Personnel Security, Inc. (PSI) and/or Bureau of Criminal Investigation (BCI). I give permission to the MENTORING CENTER to release/exchange this information with the Mentoring Center's partner agencies.

I am authorizing PSI to release criminal history information about me to the MENTORING CENTER OF CENTRAL OHIO and other entities as named above for a period of one year from the date of this authorization.

I hereby release PSI, FCCS, the Mentoring Center, its partner agencies and all individuals connected therewith from all liability in connection with the dissemination of such criminal history information.

**Please use Blue or Black Pen Only**

\_\_\_\_\_  
VOLUNTEER Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Day and Evening Phone

\_\_\_\_\_  
Email

# Mentoring Center of Central Ohio Volunteer Background Check Form

Please use Blue or Black Ink Only

Name \_\_\_\_\_  
Last
First
Middle

Alias/Maiden Name \_\_\_\_\_

DOB: \_\_\_\_\_ Gender  M  F S.S. # \_\_\_\_\_

Central Ohio Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Race \_\_\_\_\_ Driver's License \_\_\_\_\_

Please fill in **residence** information for the past 7 years:

City/State	County	Month/Year From	Month/Year To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please fill in **work history** for the past 7 years:

City/State	County	Month/Year From	Month/Year To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I DO/DO NOT (please circle one) consent to the use of identifying information in print, video, films and photographs for publicity/promotion by the Mentoring Center of Central Ohio or the Buckeye Mentoring Hub. I understand my services may be declined for any or no reason.**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_