



Volunteer Application

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

Volunteer Application - Section I

The information on your application will remain confidential. Please return application to our offices.

Please Print:

Name _____ Address _____

City _____ State _____ Zip Code _____ Birthday ____/____/____

Home Phone _____ Mobile Phone _____

Employer _____ Work Phone _____

Email Address _____

I Drive: Car _____ Pickup _____ Van _____ Other _____

Church where I attend _____ Length of Attendance _____

Name of Pastor _____ Pastor's Phone _____

Emergency Contact _____ Phone _____

Personal Reference Other Than A Relative _____

Phone _____

Are there specific interests that you wish to pursue as a volunteer? _____

What do you enjoy most in a volunteer experience? _____

What do you wish to avoid? _____

Please list any other volunteer experience that you have _____

Please mark the days you are available to volunteer:

Mon ___ Tue ___ Wed ___ Thur ___ Fri ___ Sat ___

(Literacy NOW Tutors may choose between Tues, Wed, or Thurs)

Volunteer Application - Section II

Please select the Program you are interested in:

Food Pantry _____
Free Clothing Store _____
Free Medical Clinic _____
Literacy Now Tutoring Program _____
Other _____

Are you volunteering as part of a group? Y ___ / N ___

Name of group _____
(Corporate/Civic/Church Group) **My group prefers - Days** ___ / **Evenings** _____

Please select the type of volunteer activity you are interested in:

Client Registration _____
Clothing Room Attendant _____
Food Pantry (Bagging, Sorting and distribution) _____
Food Pick-ups (vehicle required) _____
Answering Phones _____
Secretarial/Office _____
Handy Man (bldg repairs/upkeep) _____
Delivery to Shut-ins and Elderly _____
Social Work _____
Admin to Clinical Counselor _____

I would like to learn more about _____

Volunteer Application - Section III

Background Reference - (to be completed by all persons wishing to volunteer at Victory Ministries, Inc.)

Please Note: A background check will be performed prior to acceptance into the **Literacy NOW** Tutoring Program. In order to conduct the background check your Social Security number is required (if not submitting an application to tutor, SSN is not necessary): _____ / _____ / _____

Have you ever been convicted of a felony or misdemeanor? Y ___ / N ___

If yes, please complete the following for each:

Offense: _____ Date: _____

Location: _____ Disposition: _____

Explanation: _____

Have you ever been reported to a social service agency or children's service agency? Y ___ / N _____

Explanation: _____

I agree and represent that:

The information is correct to the best of my knowledge. 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. 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 also read and agree with Victory Ministries Statement of Faith.

Signature _____ Date _____

Please return to:
Victory Ministries, Inc.
P.O. Box 360833
Columbus, Ohio 43236
Email: mail@victoryministriescolumbus.org
Phone: 614.252.2500/Fax: 614.252.4200

STATEMENT OF FAITH

Victory Ministries believes...

The Bible to be the infallible Word of God, that it is His holy and inspired Word, and that it is of supreme and final authority.

In one God, eternally existing in three persons—Father, Son, and Holy Spirit.

Jesus Christ was conceived by the Holy Spirit, born of the Virgin Mary. He led a sinless life, took on Himself all our sins, died and rose again, and is seated at the right hand of the Father as our mediator and advocate.

That all men everywhere are lost and face the judgment of God, and need to come to a saving knowledge of Jesus Christ through His shed blood on the cross.

That Christ rose from the dead and His return is imminent.

In holy Christian living, and that we must have concern for the hurts and social needs of our fellowmen.

We must dedicate ourselves anew to the service of our Lord and to His authority over our lives.

The Great Commission was given by Christ instructing every believer to "Go into all the world and preach the Good News to everyone, everywhere.

**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:

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

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

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