

Center Name: _____

Date: _____

CONFIDENTIAL APPLICATION FOR VOLUNTEERS

Name: _____		Spouse: _____	
Street: _____	City: _____	State: _____	Zip: _____
Home Phone: () - _____		Work Phone: () - _____	
Cell Phone: () - _____	Emergency Contact Person: _____		Phone: _____
Email: _____		County: _____	
Birth date: _____	Marital status: _____	Anniversary date: _____	
Children's name(s), and birth date(s) [optional]: _____			

List previous occupations (if any)

1. _____
2. _____
3. _____

List previous volunteer experience (if any)

1. _____
2. _____
3. _____

- Are you a Christian? Yes _____ No _____ If yes, how long? _____
- How would you describe your personal relationship or walk with Jesus Christ?

- If someone asked you, "What is a Christian?" how would you reply?

- Please provide the following information on your local church:

Church Name: _____ Phone: () _____ - _____

Street: _____ City: _____ State: _____ Zip: _____

Pastor's Name: _____

May we call your pastor for a reference? Yes _____ No _____

Describe positions/help/services performed within the church: _____

- Please provide the following information about yourself.

What is the extent of your formal education? _____

Area of concentration? _____

List any special training, biblical studies, or educational experiences: _____

- Briefly state why you are interested in volunteering at the Center for Women's Ministries.

- How does your spouse/family feel about this involvement?

- Describe the area(s) you consider yourself as having enough experience to be a volunteer; explain why:

- What special gifts, talents, or personality traits do you bring to this ministry?

List two personal strengths:

List two areas you are asking the Lord to help you improve:

- Have you ever been involved in a case concerning child abuse/neglect? _____
Embezzlement? _____ Other illegal activities? _____ Explain

- Medical concerns: How would you describe your physical health status? (Please include any physical limitations/conditions, medications you are taking and/or challenges you may have.)

- I agree to a limited criminal history and substance abuse check upon start date as a volunteer and every two years thereafter, and sex offender registry check annually, for volunteers working with women age 17 and younger. Yes _____ No _____

Corporate Center for Women's Ministries reserves the right to conduct background checks on any volunteer applicants.

- References

A. List one person who can give reference to your personal relationship with God (Sunday school teacher, friend, etc.)

Name: _____

Title: _____

Address: _____

City: _____

Phone: () - _____

B. List one person who can give reference to your relationship with people (friend, family, etc.)

Name: _____
 Title: _____
 Address: _____
 City: _____
 Phone: () - _____

- Which of the following areas are you interested in? (Check as many as you want)

- | | | |
|---|---|---|
| <input type="checkbox"/> Bible study leader | <input type="checkbox"/> Library materials evaluation | <input type="checkbox"/> Publicity (e.g. newsletter, media) |
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Peer Counseling Volunteer | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Fund raising | <input type="checkbox"/> Phone line | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Prayer support | <input type="checkbox"/> Seminars/conferences |
| <input type="checkbox"/> Support groups | <input type="checkbox"/> Public Relations (e.g., promotions, speaker) | <input type="checkbox"/> Social Media |
| | <input type="checkbox"/> Other (Please list): | |

_____	_____	_____
_____	_____	_____
_____	_____	_____

**PEOPLE HELPING SKILLS
 A SELF-ASSESSMENT OF SKILLS LEARNED IN LIFE EXPERIENCE**

1. Briefly state one or two areas where God has given you victory.

2. Character skills

Circle each word that describes you.

- | | | | | |
|----------------|---------------|-------------|-------------|--------------|
| active | conscientious | firm | leading | productive |
| accurate | consistent | forgiving | logical | protective |
| affectionate | contributor | generous | loving | realistic |
| assertive | creative | gentle | loyal | resourceful |
| analytical | defender | giving | mature | responsible |
| attentive | decisive | gregarious | merciful | sensitive |
| Bible-centered | determined | helpful | obedient | sincere |
| brave | disciplined | honest | open-minded | strong faith |
| broad-minded | discreet | hospitable | optimistic | supportive |
| calm | efficient | humorous | patient | sympathetic |
| candid | empathetic | imaginative | peaceful | tactful |
| chaste | encourager | inclusive | perceptive | tender |
| cheerful | enthusiastic | initiative | personable | thorough |
| comforting | expectant | innovative | pioneering | trusting |
| compassionate | extroverted | insightful | pleasant | truthful |
| competent | fair | joyous | positive | vivacious |
| considerate | friendly | kind | practical | wise |

3. Problem oriented practical experience

Check box for each difficulty you have personally experienced.

Circle those you have overcome.

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> physical abuse | <input type="checkbox"/> hopelessness | <input type="checkbox"/> alcoholic or drug problems | <input type="checkbox"/> stealing/shoplifting | <input type="checkbox"/> empty nest |
| <input type="checkbox"/> sexual abuse | <input type="checkbox"/> problem teenager | <input type="checkbox"/> incarceration of self | <input type="checkbox"/> abandoned | <input type="checkbox"/> single parenting |
| <input type="checkbox"/> emotional abuse | <input type="checkbox"/> witchcraft or occult | <input type="checkbox"/> incarceration of family member | <input type="checkbox"/> self-esteem | <input type="checkbox"/> aging parents |
| <input type="checkbox"/> spiritual abuse | <input type="checkbox"/> financial hardship | <input type="checkbox"/> difficulty in parenting | <input type="checkbox"/> abortion | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> ritual abuse | <input type="checkbox"/> depression | <input type="checkbox"/> woundedness from childhood | <input type="checkbox"/> overwhelmed | <input type="checkbox"/> peers/relationship |
| <input type="checkbox"/> spouse abuse | <input type="checkbox"/> homelessness | <input type="checkbox"/> adultery | <input type="checkbox"/> rape | <input type="checkbox"/> employment |
| <input type="checkbox"/> anger/rage | <input type="checkbox"/> sexual problems | <input type="checkbox"/> fears/phobias | <input type="checkbox"/> singleness | <input type="checkbox"/> relationship with God |
| <input type="checkbox"/> hatred | <input type="checkbox"/> deceitfulness | <input type="checkbox"/> infertility | <input type="checkbox"/> co-dependency | <input type="checkbox"/> homosexuality |
| <input type="checkbox"/> death of parent | <input type="checkbox"/> pride/arrogance | <input type="checkbox"/> serious illness | <input type="checkbox"/> divorce | <input type="checkbox"/> pornography |
| <input type="checkbox"/> death of child | <input type="checkbox"/> disability | <input type="checkbox"/> marital problems | <input type="checkbox"/> over-eating | <input type="checkbox"/> greed/materialism |
| <input type="checkbox"/> death of spouse | <input type="checkbox"/> miscarriage | <input type="checkbox"/> promiscuity | <input type="checkbox"/> anorexia | <input type="checkbox"/> gossip |
| <input type="checkbox"/> death of close friend | <input type="checkbox"/> alcoholic parent | <input type="checkbox"/> suicidal | <input type="checkbox"/> bulimia | |

4. List 1-7 areas in which you might want to counsel based on the information above.

1. _____ 2. _____ 3. _____ 4. _____
5. _____ 6. _____ 7. _____ 8. _____

5. List areas in which you desire to counsel. Briefly explain the healing that God has brought in your life in each of those areas.

1.

2.

3.

Statements of Agreement

If the center director (CD) recommends you are eligible to become a CWM volunteer, do you agree to abide by the following? (Please indicate with an X)

- _____ I have reviewed the CWM Statement of Faith and am in agreement with it.

- _____ I will submit to and work under the authority God has placed over me – the center director, regional director (RD), area coordinator (AC) and headquarters leadership – and I am willing to address grievances according to the process outlined in Matthew 18.

- _____ I will complete the training appropriate for my position as listed in the Center Director Manual. (Those volunteer positions requiring Basic Peer Counseling Training must take a refresher class every three years.)
Date and location: _____

- _____ I will attend at least eight hours of advanced training each year to further develop my skills as a volunteer. (This applies to the following positions: prayer coordinator, advisory committee member, volunteer coordinator, counseling volunteer, Bible study coordinator, Bible study leader, support group coordinator, support group facilitator, office manager, training supervisor, resource manager)

- _____ I agree to faithfully pray for the center, the needs of clients, the volunteers and the CD.

- _____ I agree to attend center functions as I am able.

- _____ If I am unable to continue volunteering for any reason, I will contact the CD.

- _____ Headquarters strongly recommends that counseling volunteers, support group facilitators and Bible study leaders complete the study, Making Peace with Your Past, or an equivalent study. Date completed: _____

The information contained in this application is truthful, accurate and complete to the best of my knowledge.

Signed: _____ Date: _____

Date center director met with the applicant: _____

Status of applicant: _____

Statement of Faith

We believe that in our brokenness we can come to know the love of God through Jesus. Because He lives, we can experience emotional and spiritual healing.

We believe in:

The Bible as the Word of God, inspired by God and inerrant in its original manuscripts.

(Rom 15:4; 16:25-26; 2 Tim 3:15-17; Heb 4:12; 1 Pet 1:25; 2 Pet 1:20-21)

The Trinity of the Godhead: There is one God in three persons: the Father, the Son (Jesus Christ) and the Holy Spirit.

(Mt 28:19; Mk 1:9-11; Jn 14:6-17; Acts 1:7-9; Rom 8:6-16; 1 Jn 5:6-9)

The virgin birth of Jesus Christ: Jesus is both the eternal Son of God and the Son of Man, two distinct natures in one Person forever.

(Isa 7:14; 53; Mt 1:18-23; 16:16; Rom 1:3-4; Phil 2:5-11; 1 Tim 3:16)

The bodily resurrection of Jesus Christ, which assures the resurrection of all believers who have accepted God's gift of eternal life.

(Mt 28; Acts 1:3-9; 7:55-56; Rom 1:3-4; 1 Cor 15:3-8; Eph 1:20)

The sinful nature of humanity: We are all sinners who need a Savior, Jesus Christ, to restore us to the right relationship with God.

(Gen 3; 51:5; Is 1:18; Rom 1:22-32; 5:6-8; 6:23)

The atonement: Jesus Christ bore our sins when He shed His blood and died on the cross. He paid the price for our sins.

(Rom 5:19; 6:6; Col 1:21-22; 1 Tim 1:15)

The necessity for each individual to accept the gift of salvation and eternal life, by choosing to invite Jesus Christ into his or her life to be both Savior and Lord.

(Jn 1:12; 5:24; 6:37; Lk 5:32; Acts 16:31; Rom 10:13; Eph 2:8; 1 Jn 5:12)

The indwelling of the Holy Spirit in the life of the believer: He quickens from death to life and continues His work of sanctification during the lifetime of the Christian.

(Eph 2:4-10; Col 3:9-10)

Further, we believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and woman. We believe that any form of homosexuality, lesbianism, bisexuality, bestiality, incest, fornication, adultery, and pornography are sinful perversions of God's gift of sex. We believe that God disapproves of and forbids any attempt to alter one's gender by surgery or appearance. *(Gen 2:24; 19:5-7, 13; 26:8-9; Rom 1:26-29; 1 Cor 5:1; 6:9; 1 Thess 4:1-8; Heb 13:4)*

We believe that the only legitimate marriage is the joining of one man and one woman.

(Gen 2:24; Rom 7:2; Eph 5:22-23)

I am in agreement with the CWM statement of faith and with God's help, I will strive to live by it.

_____ (Signature) _____ (Date)