



F.A.V.A.R. MINISTRIES, INC.

FATHERS AGAINST VIOLENCE & REPEAT-OFFENDERS VOLUNTEER ENROLLMENT FORM

Today's Date:		NEW <input type="checkbox"/>		RENEWAL <input type="checkbox"/>	
VOLUNTEER ENROLLMENT INFORMATION					
Name:					
US Citizen? <input type="radio"/> Yes <input type="radio"/> No		Date of Birth:		Place of Birth:	
				Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Address, City, State, Zip Code:					
Social Security No.:		Home phone no.:		Cell phone no.:	
E-mail:		Driver's License #:		State:	
Contact in Case of Emergency:					
Medical Conditions we should be aware of (allergies etc.)					
Education Background:		Occupation:		Hobbies, Interests, Skills:	
Reason for Volunteering:					
Is there a particular location you want to work at?			Yes <input type="checkbox"/>	Where:	No <input type="checkbox"/>
Would you be willing to travel over night?					
Is there a particular population you want to work with: (Check all that apply)					
Adults <input type="checkbox"/>		Teens <input type="checkbox"/>		Males <input type="checkbox"/>	Females <input type="checkbox"/>
What times are you available for volunteering? (Check all that apply)					
Weekdays <input type="checkbox"/>		Evenings <input type="checkbox"/>		Weekends <input type="checkbox"/>	AM Hours <input type="checkbox"/> PM Hours <input type="checkbox"/>
Are you Bilingual? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, what languages?		
Signature			Date		



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PERSONAL REFERENCES FORM

Saving Lives! One life at a time!

Today's Date:	
Name:	Phone:
Name:	Phone:
Name:	Phone:
Please return this form to:	
F.A.V.A.R. Ministries	
10612 Walkers Ferry Road	
Charlotte, NC 28278	
Office: (980) 237-4787	
Fax: (980) 237-4247	