



Changing the world one child at a time through Jesus Christ

800 Garretson St. / P. O. Box 217 Morristown, TN 37815

(423) 312-1983 or (423) 312-3303

www.childrenofhopetn.com

Volunteer Application

Position(s) of interest: _____

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Email _____

Date of Birth _____ Social Security Number not needed at this time

(SS #'s will be needed for background check before appointing volunteer positions)

Occupation _____ Employer _____

Employer address _____ Phone _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organization, etc.): _____

Previous volunteer experience: _____

Special Certification (i.e. CPR, Medical, etc.): _____

Have you ever been refused participation in any other youth programs? Yes or No

If yes, explain: _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program: Name / Phone

Name _____ Contact # _____

Name _____ Contact # _____

Name _____ Contact # _____

This section is for bus drivers only:

***Upon interview, a copy of valid government issued photo ID must be attached to this application.**

Do you have a valid CDL driver's license: Yes or No

Driver's License #: _____ State: _____

Have you had traffic tickets or accidents in the last ten years? Yes or No

If yes, describe each in full: _____

Children of Hope Inc. Terms and Conditions

As a condition of volunteering, you must read Children of Hope's mission statement and doctrinal statement (our religious beliefs) and agree that you will not at any time teach contrary to our held beliefs, convictions, and/or our mission.

If yes, please indicate by placing your initials in the space provided.

I have read Children of Hope's mission statement and doctrinal statement. _____

I agree to support, teach according to, and uphold Children of Hope's mission statement and doctrinal statement. _____

As a condition of volunteering, I give permission for Children of Hope Inc. to conduct a background check on me, which may include a review of sex offender registries, child abuse, and criminal history records. I understand that, if appointed, my position is conditional upon Children of Hope Inc. receiving no inappropriate information on my background check. I hereby release and agree to hold harmless from liability Children of Hope Inc., the officers, and volunteers thereof, or any other person or organization that may provide such information. **The cost of a background check is \$10.00.**

If yes, please indicate by placing your initials in the space provided.

I agree that all information given in this application is correct. _____

I agree that Children of Hope Inc. can conduct a background check on me. _____

I also understand that, regardless of previous appointments, Children of Hope Inc. is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term; I am subject to suspension by the President and removal by the Board of Directors for violation of Children of Hope Inc.'s above mentioned policies or principles.

Applicant Signature _____ Date _____

Applicant Name (please print or type) _____

Children of Hope Inc. Use Only:

Background check complete by _____ on _____.

System(s) used for background check (minimum of one must be checked):

Only attach to this application a copy of background check reports that reveal convictions of this applicant. Do not use forms from past years. Use extra paper to complete if additional space is required.