



### Volunteer Application

This application is to be completed by all those wishing to serve with CDC in any capacity. It is being used to help CDC provide a safe and secure environment for everyone who participates in our programs.

NAME <small>First</small>	Last	DATE
ADDRESS <small>Street</small>	City	State ZIP
PHONE <small>Home</small>	Cell (optional)	Work (optional)
E-MAIL		

MARITAL STATUS <small>(optional)</small>	# of CHILDREN	AGES OF CHILDREN
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EMERGENCY CONTACT <small>Name</small>	Phone Number(s)
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What has been your previous contact or involvement with CDC? Please be specific.

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In what program(s) do you wish to be involved? (Check box(es) that apply)

- CDC/Youth Programs    
  Peaches and Greens    
  Restoration Warehouse    
  Administrative    
  Construction

What education/training/leadership/volunteer experiences have you had in the area that you would like to serve? (Examples: Children, youth, or families? Gardens/Produce? Restaurant? Warehouse?) Please give place and type of work.

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Do you have any medical training or are you CPR certified? \_\_\_\_\_ Explain. \_\_\_\_\_

Why would you like to be a volunteer? \_\_\_\_\_

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Do you have a personal relationship with Jesus Christ? \_\_\_\_\_ If so, when did you make that commitment? \_\_\_\_\_

Are you a member of a church? \_\_\_\_\_ If so, what church? \_\_\_\_\_

Do you wholeheartedly subscribe to the following Statement of Faith?

1. We believe the Bible to be the inspired, authoritative, absolutely true Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe that Jesus is Lord, that He was born of a virgin, that He lived a sinless life, that He died to redeem us from sin, that He rose again in body, that He ascended to the right hand of the Father, and that He will return in power and glory.
4. We believe that the movement of the Holy Spirit is essential for the salvation of lost and sinful men.

Yes \_\_\_\_\_ No \_\_\_\_\_ Answering "No" does not preclude you from serving with us.

OCCUPATION <i>(optional)</i>	PLACE OF EMPLOYMENT <i>(optional)</i>
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List 3 personal references. They must be over 18 and not related to you.

NAME	RELATIONSHIP	PHONE NUMBER	ADDRESS (with city and ZIP)

If you are over 18, please fill out the next set of boxes.

SS#	Birthdate
Driver's License #	Expiration Date

*The questions listed below are a part of our interview process in order to help provide a safe and secure environment for ministry. All information is held strictly confidential by the CDC staff. Answering yes to any of the questions may not necessarily preclude your involvement with us. Thank you for understanding.*

Have you had any painful experiences in your life that may have better equipped you or may hinder you from a productive ministry with CDC? \_\_\_\_\_ Would you like to meet with someone regarding this circumstance? \_\_\_\_\_

Do you use illegal drugs? \_\_\_\_\_ Have you ever been hospitalized or treated for alcohol or substance abuse? \_\_\_\_\_

Have you ever been arrested for a criminal offense excluding minor traffic violations? \_\_\_\_\_

Have you ever been imprisoned? \_\_\_\_\_

Have you ever been accused or convicted of sexual or physical abuse? \_\_\_\_\_

If you answered yes to any of the above questions, please explain. *Attach a sheet to this application if necessary.*

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**I understand that by serving as a volunteer, I am not entitled to nor am I going to receive any type of monetary compensation for my work. I release Central Detroit Christian CDC from any and all liability in the course of my volunteerism except in cases of gross negligence or intentional misconduct.**

**The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations which are listed in this application to give you any information they may have regarding my character and fitness for working with this organization including children, youth, and families. I also authorize CDC to conduct a background check with the necessary authorities to verify my fitness to serve.**

**I authorize Central Detroit Christian CDC to make audio and/or video recordings of the program activities, and I give permission for CDC to record my picture and voice on photographs, films, and tapes, without payment, and to incorporate these recordings into public relations and advertising materials and to use in any manner of media whatsoever.**

**I understand that the personal information in this application will be held confidential by the CDC staff.**

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

If under 18, Parent Signature \_\_\_\_\_ Date \_\_\_\_\_