

THE DOORWAY

WHERE PEOPLE GET A SECOND CHANCE

VOLUNTEER APPLICATION

Name: _____
(First) (Last)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____
(Home) (Work)

Best Time To Reach Me: _____

1. Past Ministry Experience

Church	Person You Reported To
--------	------------------------

_____	_____
_____	_____

Other than Church	Person You Reported To
-------------------	------------------------

_____	_____
_____	_____

2. Do you attend church? _____ Weekly? _____

Church: _____ Pastor's Name _____

3. Please provide two personal character references.

_____	_____
(Name)	(Phone)

_____	_____	_____	_____
(Street)	(City)	(State)	(Zip)

Character references (cont).

_____		_____	
(Name)		(Phone)	

(Street)	(City)	(State)	(Zip)

4. Why do you want to get involved at The DoorWay?

5. How do you see yourself being involved at The DoorWay?

6. Would you be willing to serve in another area if we felt you were better suited for it? _____

7. Have you at any time been involved in or accused of child abuse or neglect? _____

If yes, explain: _____

8. Have you been arrested? _____

If yes, explain: _____

9. Are you a Christian? _____

If yes, please briefly describe what this means to you and how it affects your life:

I hereby give my authorization to The DoorWay and it's representatives to verify the information on this form. The DoorWay may contact my references and the appropriate government agencies.

Name (please print)

Social Security Number

Birth Date

Signature

Volunteer Applicant Assessment

(For Office Use Only)

Date _____ Interviewer's Name _____

Interview Comments _____

Recommended Area of Ministry: _____

Placed by: _____

Date: _____

(DoorWay Staff)

Follow Up

	Date	Comments
3 Months -	_____	_____
6 Months -	_____	_____
1 Year -	_____	_____