



Bible Club & Impact Leadership Academy - VOLUNTEER APPLICATION

Please COMPLETE, PRINT, SIGN and RETURN to City Impact

Name: _____ Date: _____

Gender: M F Home Phone: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

Birthday: _____ Social Security #: _____

Drivers License #: _____ Name as printed on License: _____

Employment Status: (choose ONE only) Unemployed Employed Retired Student

If student, list a permanent address: _____

Employer Name and Address: _____

Marital Status: Married, spouse present Married, spouse absent Widowed Divorced Never married

In Emergency, notify: _____ (Relationship): _____

Address: _____ Phone: _____

How did you hear about City Impact?

- Work
- Friend/family (name) _____
- Church (name) _____
- Other _____

Why do you wish to volunteer with City Impact? _____

Have you volunteered/served with City Impact previously? If yes, please specify in what capacity. _____

Describe any skills/experience/talents you bring to this volunteer position. _____

Do you speak any other languages? Please specify and provide level of fluency. _____

With what other types of ministry/volunteer opportunities/community groups have you been involved in?

Area _____ Age Group _____
Area _____ Age Group _____
Area _____ Age Group _____
Area _____ Age Group _____

What is your highest level of education completed? (choose ONE only)

- | | |
|---|--|
| <input type="checkbox"/> High School, not completed | <input type="checkbox"/> BA/BS Degree |
| <input type="checkbox"/> High School | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> College Courses | <input type="checkbox"/> PhD |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Other _____ |

Area/field of degrees received/courses taken: _____

Is it necessary for you to limit your physical activity? Yes No

Are you licensed to practice a profession? Yes No

Have you received professional help for a nervous, mental or emotional disorder? Yes No

Do you have a police record? Yes No

Do you now or have you ever used narcotics, hallucinogens drugs not prescribed by a physician? Yes No

Have you been involved in any incidents of child abuse, sexual or other? Yes No

If you marked "Yes" to any of the above, please explain. _____

Do you have specific skills or experience in any of the following?

- | | | | |
|-----------------|-------------------------------|--|---------------|
| Teaching | Leading & Managing Volunteers | Developing Teams | |
| Public Speaking | Administration | Leading Retreats and Training Staff / Volunteers | |
| Fundraising | Grant Writing | Data Entry (Approx. words per minute ____) | |
| Phone skills | Letter writing | Public Relations | Multi-tasking |

Describe your personality including your strongest and weakest traits: (please use additional sheet if needed)

Please give further details about the above or other skills: (please use additional sheet if needed)

City Impact is an evangelical, Christian, humanitarian organization seeking to meet physical and spiritual needs of the in Lincoln's urban neighborhoods. Because of the unique nature of our ministry, we are concerned that our volunteers feel comfortable within our Christian ministry. Please answer the following questions which will evaluate our compatibility. (Please use additional page to answer any of the following questions if you need more space.)

Are you presently attending a church? Yes No If yes, what is the church's name, address and phone number?

What is the Pastor's name? _____

In what way are you involved in the church? _____

Please share a personal statement of your relationship with Jesus Christ (Please use additional page if necessary).

What are your greatest character strengths?

What are your greatest character weaknesses (areas that might be visible to those closest to you)?

What are your regular devotional habits of reading the Bible and prayer?

In which position(s) are you interested in volunteering?

REFERENCES- List those familiar with your capabilities (DO NOT list relatives). If possible, we prefer to have a combination of friend, employer, teacher, and/or fellow worker.

Name: _____ Phone _____
Address _____
Email: _____
Years known _____ Organization _____ Position _____

Name: _____ Phone _____
Address _____
Email: _____
Years known _____ Organization _____ Position _____

Name: _____ Phone _____
Address _____
Email _____
Years known _____ Organization _____ Position _____

CITY IMPACT VOLUNTEER AGREEMENT

- I, _____ (your name) acknowledge that if accepted as an City Impact Volunteer , I agree to abide by the rules and regulations of City Impact.
- I have not been convicted within the past 10 years of any felony or misdemeanor classified as an offense against a person or family, of public indecency or a violation involving a state or federally controlled substance.
- I am not under current indictment.
- I give permission for City Impact to conduct periodic background checks and child/adult abuse inquiry, and to contact my identified references.
- I will not hold City Impact or any of its employees responsible for any hazard or injury that may occur to me while I am offering my volunteer services on or in their facilities or in other off-site locations.
- I understand that by signing this form, I am waiving all rights to any subsequent legal action.
- I understand that I am volunteering my services and am not covered by Workers' Compensation insurance.
- I understand City Impact reserves the right to take & use my picture for promotional purposes, unless revoked in writing.

I understand City Impact reserves the right to deny application to any person and to terminate a volunteer from the program.

I have read the above statements and agree to the contents. To the best of my knowledge and belief, all statements in this application are true and accurate.

Signature _____ Date _____

Check here if you DO NOT wish to have photographs you might be in, published for the promotion of City Impact

My: (or for minors, my parent or legal guardian's) signature at the bottom of this application indicates that:

- 1). The statements in this application are true and accurate.
- 2). I have read City Impact's Affirmation of Christian Faith (please check appropriate box):
 - I agree with and will support City Impact's Statement of Faith.
 - I disagree with all or some portion of City Impact's Statement of Faith, but I will not make an issue of or seek to promote the area of my disagreement.

City Impact Statement of Faith

- ❖ *There is one living and true God, infinitely perfect in glory, wisdom, holiness, justice, power and love, one in His essence but eternally existing in three persons: God the Father, God the Son and God the Holy Spirit.*
- ❖ *God sovereignly created the world out of nothing, so that His creation, while wholly dependent upon Him, neither comprises part of God, nor conditions His essential perfection. (Genesis 1:2; Matthew 28: 19,20)*
- ❖ *The Bible is the inspired, inerrant and infallible Word of God as originally given. (2 Timothy 3:16).*
- ❖ *God created humans in His own image, in a state of original righteousness, from which they subsequently fell by a voluntary revolt, and consequently is guilty, inherently corrupt and subject to divine wrath.*
- ❖ *Jesus Christ, the eternal Son of God, became man without ceasing to be God by uniting to His divine nature a true human nature in His incarnation, and so continues to be both God and man, in two distinct nature and one person, forever. He was conceived by the Holy Spirit, born of the virgin Mary, exhibited His deity by manifold miracles, fulfilled the requirements of the Law by His sinless life, shed His blood as a vicarious and propitiatory atonement for man's sin, was resurrected from the dead in the same body, now glorified. He ascended into heaven and now intercedes in glory for His redeemed as our great high priest and advocate, and as the Head of the Church. (Matthew 1:20,21; John 1:1-14; Romans 3:21-26; 5:6-11; 1 Peter 3:18; 1 John 2:1-2; Luke 24; Acts 1:9; Hebrews 8).*
- ❖ *The Holy Spirit convicts the world of sin, righteousness and judgment, through the ministry of regeneration and sanctification places believers into the Church, guides and comforts God's children, indwells, directs, gifts and empowers the church in godly living and service in order to fulfill the great commission, and seals and keeps the believer until Christ returns. (John 16:1-33; 1 Corinthians 12:12; Ephesians 1:13-14).*
- ❖ *Humans are saved by grace through faith; and not of ourselves, but as a gift from God; not as a result of works. (Ephesians 2:7-8).*

- 3). I understand that I am volunteering my time and services to City Impact for humanitarian and religious reasons. I further understand that I work at my own risk and that my services are as an unpaid volunteer who will not be considered an employee of City Impact for any reason. As an unpaid volunteer I am not eligible for Health Benefits or other Liability coverage.
- 4). I understand that my volunteer relationship with City Impact may be terminated at any time by the initiative of either party.

Volunteer's Signature

Date

(For minors only) Signature of Parent or Guardian

Date



Division of Children and Family Services

State of Nebraska
Dave Heineman, Governor

AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: One Source, The Background Check Company –Fax 1-800-929-8117

Please do not use abbreviations

Address and Phone Number: P.O. Box 24148, Omaha, NE 68124—Attn Nick Jasa

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant) **Date**

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

Applicant Date of Birth **Applicant Social Security Number**

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.

