



*Brindando ayuda, sanidad y la esperanza en Jesús nuestro Dios y Salvador para la comunidad en el condado de Johnson.
Offering help, healing and hope of Jesus Christ to the multicultural community of Greater Johnson County.*

Basic Volunteer Application

Please remember to sign and date your application. If you are under 18 years of age, a parent or guardian will also need to sign this application.

Legal Name: _____
Last First Middle Initial

Date of Birth _____

Home Phone: (____) _____

Cell / Pager: (____) _____

Work Phone: (____) _____

Best time to call: _____

E-mail Address: _____

School /Place of Employment: _____ Year of College: _____

Driver's License Number: _____

Marital Status: _____ Spouses Name: _____

Emergency Contact: _____ Phone: (____) _____

Number of Children: _____ Ages: _____

Do you have any medical training or are you CPR certified? Medical Training CPR Certification

Have you been arrested for a crime and /or incarcerated? Yes No

If so, please explain:

List any leadership/volunteer experience you have had: _____

List any experience with immigrants that has shaped you: _____

List any other volunteering opportunities in which you were involved: _____

Do you have any physical disabilities or conditions that might prevent you from certain types of activities?

Yes No If yes, please describe: _____

Position you are interested in serving: _____

Time available: _____

Signature:

Please provide at least 3 references.