



generations

adoptions

a division of nightlight® Christian adoptions

Volunteer Application

Full Name _____

Address _____ City, State, Zip _____

Phone: Home: _____ Cell Phone _____ Email _____

SSN#: _____ Are you over 18? Yes No Date of Birth: ____/____/XXXX

Have you ever been convicted of a crime? Yes No; If yes, explain:

Office Hours: 8:00 a.m. – 5:00p.m. Monday – Friday. *On occasion we have need for volunteers at night or on weekends for special events, projects, and witnessing adoption paperwork.*

What day(s) and hours are you available to volunteer? _____

What interests you about volunteering and what do you hope to gain? _____

Education Level: _____

Volunteer Experience: _____

Work Experience: _____

As a Christian ministry, we believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide adoption and orphan care services.

1. Do you consider yourself a Christian? Yes No; If yes, how long have you been a Christian? _____

2. As a Christian, what is the basis of your salvation? _____

3. Are you a member of a church? Yes No; If yes, church: _____

4. Please write a brief statement about how your faith would affect your volunteer work at this agency: _____

5. Have you ever known a single pregnant woman? Yes No; If yes, please share more information: _____
6. Have you ever known a woman who placed a child for adoption? Yes No; If yes, please share more information: _____
7. Are you currently or have you ever been involved in seeking to adopt a child? Yes No; If yes, please share more information: _____
8. What special skills, talents, gifts, or personality traits would you bring to this ministry? _____
9. What do you consider to be your possible areas of weakness? _____
10. Are there any particular personality types with whom you have difficulty working? _____

References: Please list persons who are not related to you and who have known you for at least two years. One reference should be your pastor or one of the pastors on your church staff that know you best.

Name	Email address	Phone	Relationship
1. _____			
2. _____			
3. _____			

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize the agency to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the agency and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to the agency to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with clients. If I become a volunteer, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees, and I am not seeking, nor expecting to receive, any compensation or other benefits in return for any volunteer services which I may provide for this ministry. I further certify that I have read and that I am in full agreement with the attached Statement of Faith.

Name of applicant: _____ Date: _____

Signature: _____