



Love Without Borders

Promise of Grace Volunteer Application

Instructions:

Please type in answers after the questions with your computer. You may expand the document with the pertinent information as necessary.

Save and name document in the following format:

Name - POGM Volunteer Application

Please Email signed application to Peggy Turpin at Info@promiseofgrace.org OR

Mail signed application to POGM, P.O. Box 182, South Plainfield NJ 07080

DATE:

PERSONAL INFORMATION

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Preferred Method of Contact: _____

Age: _____

Marital Status: _____

Are you employed? _____

Company's Name:

Supervisor's Name:

Phone Number:

May we have permission to contact your employer for reference purposes? Yes () No ()



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SPIRITUAL HISTORY

Are you currently attending a Church? Yes () No ()

If so, Name & Address of Church: _____

Pastor's Name: _____

Phone Number: _____

May we have permission to contact your Pastor for reference purposes? Yes () No ()

List all churches (including City/State location) you have regularly attended during the past 3 years:

- 1.
- 2.
- 3.

LEGAL QUESTIONNAIRE

(If the answer to any question 1-6 is YES, please provide explanation)

1. Have you ever been convicted of a criminal offense (felony or misdemeanor)? You will need to answer "yes" if you have entered into plea agreement, including deferred sentence or deferred judgment arrangement in connection with a criminal charge. Yes () No ()
2. Have you ever been arrested for or charged with a sexual offense, offense relating to children or youth, or a crime of violence? Yes () No ()
3. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry or similar organization regarding abuse to misconduct involving adults, children or youth? Yes () No ()
4. Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment, or other immoral behavior or conduct involving adults, children or youth? Yes () No ()
5. Have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other license held by you, including, but not limited to, a license to provide child care or similar services? Yes () No ()
6. Have you ever been the subject of any disciplinary action, transfer or dismissal, or been named as a defendant in a civil or criminal lawsuit as a result of an accident or mishap involving adults, children or youth? Yes () No ()

PERSONAL QUESTIONNAIRE

(If the answer to any question 1-4 is YES, please provide explanation)

1. Have you ever been accused of an act of sexual or physical abuse? Yes () No ()
2. Have you ever been in a situation where your actions or behavior were misunderstood? Yes () No ()



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3. Have you ever been accused of an improper act with a child, but it was later determined that your actions had been misunderstood? Yes () No ()
4. Have you ever been a victim of sexual or physical abuse? Yes () No ()

(NOTE: Individuals who have experienced sexual or physical abuse are not automatically disqualified from serving at POGM. Such individuals need and deserve the love and support of POGM. Before a decision regarding volunteering can be made, however, applicants who have been victims of abuse must meet CONFIDENTIALLY with a qualified Christian counselor provided by POGM.)

INTEREST IN PROMISE OF GRACE

How did you come to learn about Promise of Grace Ministries? _____

Briefly summarize why you would like to volunteer at POGM:

Briefly describe your ability in the following areas: (If any area is not your forte, just leave blank)

1. Bible Study:
2. Evangelism:
3. Organizational Skills:
4. Fundraising or Event Organizing:
5. Home Economics (ie: cooking, parenting, etc.):
6. Craft Skills (ie: sewing, painting, etc.):
7. Medical Background:
8. Social Worker / Counseling Background:
9. Trades Background (ie: Carpentry, Electric, Plumbing, HVAC, etc.):
10. Other:

What "time blocks" throughout the week would you be available to serve.



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Please indicate the DAYS, TIME, and FREQUENCY per month.

Example: Every Thursday, from 9-11:00AM, I can teach a sewing class.

REFERENCES

Please list Three (3) Individuals (please exclude family members) that we may call for reference purposes:

1. Reference Name:

Address:

Phone Number:

2. Reference Name:

Address:

Phone Number:

3. Reference Name:

Address:

Phone Number:

RESUME

Submittal of a resume is welcomed, but not necessary.

APPLICANT'S STATEMENT

I agree that: _____

The information contained in this application is complete, truthful and accurate.

Promise of Grace Ministries (hereafter called POGM) is authorized to contact, as references, the previously stated references, churches or organizations, or employer (unless checked "No" on application) in order to secure information about my character and suitability for volunteering at POGM. With respect to each contact, I agree to release all such references from any liability for furnishing such evaluations to POGM, provided they do so in good faith and without malice.

I will complete the Criminal History Consent Form to enable POGM to obtain a criminal background check upon their discretion. I understand that this background check does not inquire into any personal financial or credit history.

I will read and learn the information contained in Policy and Procedures and I will perform my volunteer duties and responsibilities in such a way that complies with those Statements, Rules and Regulations. If I disagree with anything in the Statements which would prevent my compliance, I will immediately notify a POGM representative.

I will always demonstrate behavior and conduct myself as a role model to the clients at POGM

I understand that my service at POGM is on a volunteer basis, and that my services may be discontinued at any time, for any

- Promise of Grace Ministries, A NJ Non-Profit 501(c)3 Organization
- Administrative & Mailing Address: P.O. Box 182 South Plainfield NJ 07080
- Phone Number (877) 464-4601



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reason.

I will release, discharge and hold harmless POGM, its leadership, members, agents, employees, officers, and all other individuals participating and assisting in this application process from all claims, demands, actions, judgments and executions arising out of same.

Signature: _____ Date: _____

Print Name: _____

Witness Signature: _____ Date: _____

Print Name: _____



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CRIMINAL HISTORY CONSENT

I, _____, authorize Promise of Grace Ministries to receive any criminal history record information and MVR pertaining to me which may be in the files of any state or local criminal justice agency.

I acknowledge the information provided below is true and complete.

Full Name (Include Maiden Name)

Date of Birth

Street Address

State / Country of Birth

City, State, Zip Code

Driver's License Number / State

Social Security Number

Sex

Race

Printed Name

Signature

Date