



44 SPRING ST, DANBURY, CT, 06810

203.240.3708 athletesofchrist.com

Volunteer Application

OUR MISSION: To introduce athletes to Christ through the universal language of sports.

Volunteer Candidate Statement of Understanding

6, the undersigned, hereby state that, if accepted as a Athletes Of Christ volunteer, I agree to abide by the policies and procedures of the Athletes Of Christ. I may be assigned to serve with a partner ministry, and as such, will need to be trained accordingly.

I understand the Athletes Of Christ is a Christ-centered ministry committed to serving the youth, adults, and any at-risk populations of Danbury, Connecticut.

I hereby represent to Athletes Of Christ that 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 of a violation involving a state or Federally controlled substance (collectively, an "Offense") and am not under current investigation or indictment with respect to any such Offense. I agree to immediately inform Athletes Of Christ of convictions of any Offense and of any investigation or indictment with respect to any such Offense that occurs after the date of this statement.

I understand Athletes Of Christ will conduct a background investigation (an "Investigation") with respect to my Application, as set forth in the Disclosure, Acknowledgement and Authorization form provided with the application, and that Jericho Partnership will hold all information resulting from the Investigation in the strictest confidence and solely for the purpose of determining my suitability as a Athletes Of Christ volunteer. I further understand, in the event Athletes Of Christ discovers any information resulting from the Investigation that is inconsistent with the information I have disclosed on this application, they will reject my application. I also understand Jericho Partnership reserves the right to reject my application or to terminate my affiliation with this Ministry, at any time, for any or no reason, in its sole discretion.

I hereby fully discharge Athletes Of Christ and any and all of its directors and officers and participating and supporting organizations from any and all liability, claims, causes of action, costs and expenses which I may have in connection with its performance of the Investigation or which may be attributable to my participation in this Ministry.

To the best of my knowledge and belief, all statements in this application are true and accurate.

6 have read and understand all of the above release sta	tements and agree to the obligations of Athletes O
Name	
Signature	
Date	
Minors: Please review this application with a parent or gu consent for you to volunteer with Athletes Of Christ	uardian, and have them sign below indicating their
Print Name	Relationship to applicant
Signature	Date

General Information

Please Print Clearly

NAME				AGE
ADDRESS				
CITY	STATE		ZIP	
YRS AT THIS ADDRESS	DATE OF BIRTH	(MM)	(DD)	(YYYY)
PREVIOUS ADDRESS IF LESS THAN 5 YRS				
HOME PHONE (НОМЕ	FAX <u>(</u>)	
HOME E-MAIL				
EMPLOYER (Students, please name school)				
OCCUPATION (Students, list grade)				
WORK/SCHOOL ADDRESS				
CITY	STATE		ZIP	
WORK PHONE ()	WORK	FAX <u>(</u>)	
WORK E-MAIL				
ETHNIC BACKGROUND				
LANGUAGES SPOKEN				
RELIGIOUS AFFILIATION				
Still in school				
EDUCATION High school graduate				
Some post-high schoo	I			
College graduate				
Some post-graduate				
Graduate degree				

Personal Information

Please Print Clearly

List any	experiences you h	ave had with vo	lunteering.		
Please d	etail any other co	mmunity activiti	es in which you are	e involved	
What ar	e your special inte	erest and talents	?		
Which o	f the following de	scribe you?	☐ Talkative☐ Quiet☐ Serious	☐ Energetic☐ Funny☐ Laid Back	
Have yo	u read, and do you		e Athletes Of Chris O	t mission & goals?	
Sch	edule Inf	formatio	on		
What da	y(s) are you availa □ Monday □ Friday	able to volunteer Tuesday Saturday	r? ☐ Wednesday ☐ Sunday	☐ Thursday	
What tir	ne of day is best?	☐ Morning	☐ Afternoon	☐ Evening	☐ Overnight
How mu			nmit on a weekly/m		
	☐ 2-3 hours (☐	week/ □ month) 🗖 3-4 hours (🗖	week/□ month)	
	Other				

Employment History

Please list your last two (2) employers (students may include paid or unpaid internships, community service projects, etc.):

Company		Supervisor	·	
Address				
City		State	Zip	
Phone ()	Dates			
Company		Supervisor	r	
Address				
City		State	Zip	
Phone ()	Dates			
Personal Re				
Personal Re		ve may contac	t as reference	es:
	amily members w	-		
Please list two (2) non-f	amily members w	· 		
Please list two (2) non-f	amily members w			
Please list two (2) non-f Name Address	amily members w	State	Zip	
Please list two (2) non-f Name Address City Phone (h) _()	amily members w	State Phone (w) <u>(</u>	Zip)	
Please list two (2) non-f Name Address City	amily members w	State Phone (w) <u>(</u>	Zip)	
Please list two (2) non-f Name Address City Phone (h) _()	amily members w	State Phone (w) <u>(</u>	Zip)	
Please list two (2) non-f Name Address City Phone (h) _() Name	amily members w	State Phone (w) <u>(</u>	Zip)	