Life 107 Ministries Life 107 Ministries Volunteer Application

Date of application:				
Full name:	I	Date of birth:		
Other names you have had	-	rs:		
SSN:		umber:	State:	
Address:				
City:	State:	Zip: _		
Previous address(es) fron Street Address	City	State	Zip Code	
Daytime phone:				
Cell phone:	Email:			
By signing below, I conduct a multi-state back		uthorize Life 10'	7 Ministries to	
Signature		 Date		
In which program (s) are	you seeking to beco	me involved?		
Making calls Praye Other (specify)				

Why do you want to want	ac a voluntoor	at Life 107 Ministries?
Why do you want to work	as a voiunteer	at the 107 ministries?
Please list previous and cu	ırrent work/v	olunteer experience:
Organization/Program	Dates	Contact/Supervisor
1		
Skills learned at this position:		
Organization/Program	Dates	Contact/Supervisor
2		, -
2		
Organization/Program	Dates	Contact/Supervisor
, ,		, 1
3 Skills learned at this position:		
Organization/Program	Dates	Contact/Supervisor
	Dutes	dontact/ super visor
4		
Skills learned at this position:		

What is your current level of understanding about sex trafficking/exploitation? (Please note that although your response may help to determine your training needs, it does not determine your acceptance as a volunteer.) _ minimal _____below average ____ average ____above average ____extensive If you listed "above average" or "extensive" please detail your experience below, if vou choose: Have you at any time ever: ■ Been arrested for any reason? ☐ Yes ☐ No ■ Been convicted of or pleaded no contest to any crime? Yes No Had any license, certification, or other authority bestowed or sanctioned by any governmental agency or professional board suspended or terminated? ☐ Yes ☐ No Had any license, certification, or other authority bestowed or sanctioned by any governmental agency or professional board put on probation? \square Yes \square No Engaged in, or been accused of, any child molestation, exploitation, or abuse? ☐ Yes ☐ No Are you aware of: Having any traits or tendencies that could pose any threat to children, youth, sex trafficking victims or others? Yes No Any reason why you should not work with children, youth, sex trafficking victims or others? Yes No If the answer to any of these questions is "yes," please explain in detail: _____ (Please attach additional pages if more space is needed) THREE (3) REFERENCES (Other than relatives) Name/Relationship **Address Phone**

Applicant Verification and Release
I recognize that the organization to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I affirm that all of the information that I have provided is true, complete and correct. I authorize the organization to contact any person or entity listed in this application, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background, character, or qualifications. I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relating to my background, character, or qualifications.
Initial here
I agree to abide by the rules, policies and procedures of Life 107 Ministries and to protect confidentiality of all information at all times.
Initial here
I agree to hold in complete confidence all matters that come to my attention through my association with Life 107 Ministries. I will not disclose the location of the Call Center or any information about the people contacted through Life 107 Ministries. I will direct questions from the public or press to the Executive Director and/or Board of Directors.
Initial here
Deinte diname.
Printed name:
Signature:
Date: