



# Volunteer Application

My City Youth - V-Team

Developing responsible young CITIZENS by nurturing good CHARACTER and guiding them to future CAREERS to become contributing members of the community.

## Your Personal Information

Full Name:		Date of Application:
Cell Phone:	Home Phone:	
Home Address:		
City:	State:	Zip Code:
Emergency Contact's Name:		
Their Relation to You:	Their Phone:	
Alternate Emergency Contact's Name:		
Their Relation to You:	Their Phone:	

## Area of Interest

How did you find out about us? \_\_\_\_\_  
 What, specifically prompted you to volunteer here? \_\_\_\_\_

How long do you plan to volunteer? \_\_\_\_\_ Will you commit to 6-12 Months? ☐ Yes ☐ No  
**Are you willing to pay the \$20 background check fee?** ☐ Yes ☐ No  
*Note: Your 6-month commitment and payment for the background check will help the sustainability of this organization.*

What are the best times for you to volunteer? \_\_\_\_\_

**Choose your area(s) of interest by filling in the sections below:**

**SPORTS: Are you interested in volunteering for sports?** ☐ Yes ☐ No

Have you previously coached or assisted? ☐ Yes ☐ No If yes, what did you coach? \_\_\_\_\_  
 Name of organization: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**OFFICE: Are you interested in volunteering in our office?** ☐ Yes ☐ No

Have you previously worked in an office? ☐ Yes ☐ No  
 Name of Organization: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please mark the skills you have:

<input type="checkbox"/> Computer:	<input type="checkbox"/> PC:	<input type="checkbox"/> Word	<input type="checkbox"/> Excel	<input type="checkbox"/> PowerPoint
	<input type="checkbox"/> Mac:	<input type="checkbox"/> Pages	<input type="checkbox"/> Numbers	<input type="checkbox"/> Keynote
	<input type="checkbox"/> Internet	<input type="checkbox"/> Social Media	<input type="checkbox"/> Web Design	<input type="checkbox"/> Programming
<input type="checkbox"/> Communication:	<input type="checkbox"/> Phone Calls	<input type="checkbox"/> Emails	<input type="checkbox"/> Writing	<input type="checkbox"/> Proofreading
<input type="checkbox"/> Organization:	<input type="checkbox"/> Filing	<input type="checkbox"/> Alphabetizing	<input type="checkbox"/> Sorting	<input type="checkbox"/> Bookkeeping
<input type="checkbox"/> Other:				

**PROGRAMS: Are you interested in volunteering in our programs? ☐Yes ☐No**

Have you previously taught or led in any programs? ☐Yes ☐No

If yes, please describe your experience:

Name of Organization: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MENTORING: Are you interested in being a mentor? ☐Yes ☐No**

If yes, why you want to be a mentor? (Be specific)

Have you mentored or counseled before? ☐Yes ☐No

If yes please describe your experience:

Name of Organization: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER AREAS OF INTEREST (List any in which you would like to volunteer)**

**Volunteer and Work History: (Please be specific, and attach additional sheet, if needed.)**

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Dates of Volunteering/Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Summary of Duties:

Reason for Leaving:

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Dates of Volunteering/Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Summary of Duties:

Reason for Leaving:

Company:	Position:	
Phone:	Supervisor's name:	
Dates of Volunteering/Employment	From:	To:
Summary of Duties:		
Reason for Leaving:		

Educational Background			
School	School Name	Year Completed	Field of Study
High School/GED			
University/College			
Graduate/Seminary			
Technical/Vocational			
Other apprenticeships, training programs, certifications or other special educational experiences:			
Are you currently enrolled in any educational courses? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what and where:			

Religious Background
Do you have a personal relationship with Jesus Christ? <input type="checkbox"/> Yes <input type="checkbox"/> No (Preferred but not required for volunteers)
Do you attend church regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?
Describe when and how you became a Christian: (Attach additional pages if necessary)

References			
Please list three persons, not related to you, who are qualified to evaluate your capabilities and character. If you previously or currently attend church, please list a pastor or leader as a reference.			
<b>A MINIMUM OF THREE (3) REFERENCES ARE REQUIRED.</b>			
Name		Relationship	
Email		Phone #	
Name		Relationship	
Email		Phone #	
Name		Relationship	
Email		Phone #	

## Positive Experiences

This is important in helping us determine your compatibility with a ministry like My City Youth. Please be specific and give as much detail as possible; use additional paper if necessary.

### Instructions:

On the following page, list your most enjoyable achievement from any area of your life (work, home, church, hobbies, recreation, etc.). It should be a positive experience in your eyes (not necessarily the perception of others) and include what made it interesting and enjoyable.

**Note:** Please do not use graduation, marriage, birth of children or becoming a Christian among these experiences.

### Positive Experience (Describe in detail)

What did you do?

What was your role?

How did you go about it?

## Criminal and Disciplinary Record

Our mission as a Christian ministry is to bring hope, love, and healing to youth and their families, and we are committed to building our team with people of the highest moral and spiritual character. To maintain our high standards, all applicants must undergo personal, employment and criminal background checks. The criminal background check is also a legal requirement for anyone working with children under 18 years of age.

Please answer the following:

1. Have you ever been convicted of a crime or violation other than a minor traffic infraction? ☐Yes ☐No

If yes, please explain:

2. Have you ever been subject to disciplinary action, suspended, terminated or asked to leave a job/volunteer position by an employer or non-profit organization on the grounds that you engaged in child sexual abuse, neglect, unlawful behavior, sexual misconduct, or harassment? ☐Yes ☐No

If yes, please explain:

**I AM WILLING TO SUBMIT TO RANDOM DRUG TESTS** ☐Yes ☐No **PLEASE INITIAL:**

## DISCLOSURE AND AUTHORIZATION - BACKGROUND INVESTIGATION

In connection with my application to serve as a volunteer with Youth For Truth International for Him, Inc., doing business as My City Youth, I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by My City Youth from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I serve as a volunteer, throughout the course of my volunteer service, as permitted by law and unless revoked by me in writing.

I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com).

### **ACKNOWLEDGEMENT AND BACKGROUND INVESTIGATION AUTHORIZATION**

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act

Residents of California and Maine only:

Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on this Disclosure and Authorization.

☐ I wish to receive a copy of any report on me that is requested.

\_\_\_\_\_  
Signature Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN \_\_\_\_\_ D/L or State ID \_\_\_\_\_ State Issued \_\_\_\_\_

Other Names Used \_\_\_\_\_

Email Address \_\_\_\_\_

For identification purposes only, please list FULL Date of Birth \_\_\_\_\_

## **VOLUNTEER CONSENT AND RELEASE OF LIABILITY**

### **1. RELEASE OF LIABILITY**

I understand that I have volunteered to participate in activities and programs of YOUTH FOR TRUTH INTERNATIONAL FOR HIM, INC., doing business as MY CITY YOUTH (herein referred to as MY CITY YOUTH). By signing this consent and release of liability, I agree to the following:

I understand that I may participate in any number of physical activities some of which include, but are not limited to, recreational and adventure activities and games. I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this release, I expressly assume risks for me, whether such risks are known or unknown to me at this time. I release MY CITY YOUTH, their officers, directors, volunteers, employees, contractors and agents, from any claim that I may have now or in the future against them for any physical and personal injury, illness or death due to participation in MY CITY YOUTH programs or activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by me or any person made on their behalf.

### **2. AUTHORIZATION FOR MEDICAL TREATMENT**

With the increasing sophistication of the medical system, I understand it may be necessary to have a consent form present in the unlikely event of an injury or condition requiring medical treatment for me. This consent and release gives MY CITY YOUTH and its personnel the permission to take me to the nearest, available medical facility and have any necessary emergency treatment administered.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT MY EMERGENCY CONTACT. HOWEVER, IF THEY CANNOT BE REACHED, I HEREBY GIVE MY CITY YOUTH AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR ME IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE, AND USING THE MEASURES DEEMED NECESSARY. I RELEASE MY CITY YOUTH, ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

I hereby agree to defend, indemnify and hold MY CITY YOUTH, including their directors, volunteers, employees, contractors and agents, harmless from any liability asserted by ME, including reasonable attorney's fees and costs. I also warrant that I AM physically fit and able to participate in all MY CITY YOUTH CENTER's activities.

### **3. MEDIA RELEASE**

I hereby grant permission to MY CITY YOUTH the right to use, reproduce, and/or distribute any photographs, film, video-tapes and sound recordings of me, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of MY CITY YOUTH.

### **4. BEHAVIORAL AGREEMENT**

I understand that illegal or immoral activities or behavioral issues on my part will result in permanent dismissal from volunteering at MY CITY YOUTH and depending on the severity of the circumstance, law enforcement will be contacted. These activities would include but not limited to the possessions and/or use of drugs, alcohol or weapons; sex outside of the marriage relationship, stealing, fighting, etc.

## 5. VOLINTEER HANDBOOK

Upon approval as a volunteer of MY CITY YOUTH, I understand that I will receive a Volunteer Handbook, which outlines all requirements and expectations. By signing this document and/or the receipt document in the handbook, I agree to adhere to these requirements and expectations.

## 6. CONFIDENTIALITY AND RETURN OF PROPERTY

I agree that at all times, confidential Information that comes into my possession, whether prepared by me or others, is and will remain the property of MY CITY YOUTH, and I will keep said information confidential. I further agree that all of MY CITY YOUTH property, files, documents, equipment, data and information used, prepared, or collected by me as part of my volunteering with MY CITY YOUTH, in whatever form, will at all times remain the property of MY CITY YOUTH. I agree that I will return to MY CITY YOUTH, upon request at any time (and prior to the end of my volunteering with MY CITY YOUTH) all property, files, documents, equipment, data and information belonging to MY CITY YOUTH in my possession or control, regardless of how stored or maintained and including all originals and copies.

## 7. REASONABLENESS OF RESTRICTIONS

I recognize that the terms of this Agreement are necessary to protect MY CITY YOUTH's confidential information and the sensitivity of such information. I also agree that its terms are fair and reasonable. Thus, I agree not to contest the general validity or enforceability of this Agreement. The covenants in this Agreement shall survive the termination or end of my volunteering with MY CITY YOUTH as set forth above, regardless of the date, reason or manner of my separation. I acknowledge that this Agreement is supported by good and valuable consideration.

## SUMMARY ACKNOWLEDGEMENT

I certify that information I have provided herein is true and correct. I understand that the submission of any false information or the omission of any requested information in connection with this application, whether in this document or otherwise provided orally or in written form, may result in my disqualification or immediate discharge from my role as a volunteer of MY CITY YOUTH. I understand that if accepted, I will be required to abide by all MY CITY YOUTH policies, standards or regulations, as outlined herein and in the Volunteer Handbook and its updates. I further understand that I will be given a copy of the Volunteer Handbook and asked to acknowledge receipt and understanding of its contents.

I further understand that, if accepted, I may be disciplined or have my acceptance terminated if I no longer agree with, or exhibit conduct which is contrary to MY CITY YOUTH policies, standards or regulations, or if I in some other way fail to meet the requirements of my position.

I understand that MY CITY YOUTH requires certain information about me to determine my acceptance as a volunteer. I authorize MY CITY YOUTH to investigate all background investigations as indicated above, and will cooperate in such investigations. I hereby release MY CITY YOUTH and all persons supplying information to MY CITY YOUTH from all liability, claims for damages, or responsibility whatsoever with respect to information supplied. I further authorize all of my prior employers and references to speak freely to MY CITY YOUTH representatives and provide whatever information is required.

I hereby warrant that I have read and fully understand the foregoing and seek acceptance under these conditions of my own free will and in accordance with my own judgment. I understand that this is an application for volunteering and that no offer of employment is being hereby extended. In signed below, I acknowledge and accept all of the terms expressed herein.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_