



Application Received	
Interview Date	
Emailed Date	
Assigned Staff	
Nametag Ordered	

## Volunteer Application

Name	M F	Date Attended Information Meeting
Street Address		
City	State	Zip
Email Address		
Home Phone Number	Business Phone Number	Cell Phone Number

### Personal Information

### Education (check all that apply)

Date of Birth _____ Age: _____ Month: _____ Day: _____ Year: _____ <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Spouse's Name: _____ Yrs. Married: _____ Children's Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____	<input type="checkbox"/> High School graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree – Major: _____ <input type="checkbox"/> Graduate Degree – Major : _____ List any other education, formal or informal: _____ _____ _____
Do you have a valid driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Number: _____	

### Employment Information

I am: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student	Occupation: _____ Employer's Name or School: _____ <input type="checkbox"/> My employer offers a time-off program for volunteer hours <input type="checkbox"/> School Credit (class: _____) What is your subject/major: _____  List other employment experiences: _____ _____ _____
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### Background Information

Have you ever been convicted of a criminal offense, excluding minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you ever been arrested or convicted of child abuse of any crime that is sexual in nature? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Do you use tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use any THC products? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you drink alcohol products? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Emergency Contact (In the event of an emergency please notify)**

Name	Home Phone Number
Relationship	Cell Phone Number

**Medical Information**

Do you have any medical conditions that would affect your ability to perform your volunteer duties, or that the Volunteer Coordinator should be aware of:  Yes  No  
 If Yes, please explain:

**Preferences**

General area in which I would prefer to serve:  Alumni Volunteer  
 Office Assistant (General)  Student Life Admin Assistant  Student Life Friends & Family Assistant  
 Student Life Driver  Outreach Coordinator Admin Assistant  Evangelism Assistant  
 Compassion Assistant  Prevention Assistant  Discipleship Assistant  Fundraising Committee  
 Marketing & Communications  Event/Ministry Reporter  GED Tutor  Teaching Assistant  
 Campus Maintenance  Vehicle Maintenance  Chapel Speaker  Thrift Store  Mentorship

How did you find out about our volunteer program?

Why would you like to be involved in this ministry, and if you know, what would you like to do as a volunteer?

Identify your three favorite ways of spending free time (e.g. hobbies, interests, etc.)

1. 2. 3.

Name three of your strengths

1. 2. 3.

Name three of your weaknesses

1. 2. 3.

List three events/accomplishments in your life that you have found fulfilling.

1.  
2.  
3.

List any type of Christian work or volunteer experience (e.g. with agency, church, bible studies, etc.) to include any involvement with Adult & Teen Challenge.

**Church Information**

Name	Pastor
City, State	Phone Number

**Personal Faith**

Have you received Jesus Christ as your personal Lord & Savior?  Yes  No  Not sure

How long have you been a believer in Christ?

Are you baptized in the Holy Spirit? (see Acts 2:4)?

**References (other than family)**

Name	Phone Number	Email
Name	Phone Number	Email
Name	Phone Number	Email

**Availability - please list hours you are available (Example: 1pm-4pm)**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Are you in agreement with Adult & Teen Challenge’s statement of faith (see attached)?  Yes  No

**My signature below affirms:**

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches or businesses, listed in this application to provide you any information they may have regarding my character and fitness for Adult & Teen Challenge Pacific Northwest.

I recognize that if I am selected to serve as a volunteer, I will be seeking to help Adult & Teen Challenge Pacific Northwest fulfill their stated mission of “Evangelizing people who have life-controlling problems.” I agree to uphold the policies and guidelines to ATPCNW. I further recognize and support their goal of “initiating the discipleship process to the point where students can function as Christians in society and apply spiritual motivated biblical principles to relationships in their family, local church, chosen vocation and community.” As Adult & Teen Challenge Pacific Northwest endeavors to help people become spiritually alive and whole individuals, I recognize my personal conduct can have a great affect on the students who observe my behavior as a leader. I shall therefore endeavor to maintain the highest moral standards set forth in Scripture to encourage the students of ATPCNW. I will also abstain from activities and substances that can cause these brothers and sisters of mine to stumble in their faith in Christ.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Personal Statement of Faith

Please briefly share your personal testimony and how your relationship with Jesus Christ has changed your life. Please use an additional sheet of paper if necessary. **If you don't have a faith journey** just be honest on your feelings regarding spiritual matters. Please feel free to type out your information and attach if it is easier.

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### Church Affiliation

Church Name	Pastor's Name		
Address	City	State	Zip
Years Attended?	Pastor's Phone Number		

## Volunteer Code of Ethics

As a volunteer representing Adult & Teen Challenge Pacific Northwest, I realize that I am subject to a code of ethics. I assume certain responsibilities and expect to account for what I do in terms of what I am expected to do. I hereby agree to the following:

- a. I understand that every student of Adult & Teen Challenge has been given the right of confidentiality by Federal Law and that it is illegal for me to reveal information concerning their participation with our program. Therefore, I will not confirm or deny a student's enrollment, nor will I share information about a student with any individual outside the employment of ATCPNW.
- b. I interpret "Volunteer" to mean that I have agreed to work without financial compensation.
- c. I will work in cooperation and conformance with the goals and objectives of Adult & Teen Challenge Staff.
- d. I realize and understand that I possess abilities, gifts, talents, and assets that my co-workers may not possess and that I shall use these to enrich the work environment and bring glory to the Lord.
- e. I will endeavor to serve Adult & Teen Challenge in a professional manner and assist whenever I can in developing good teamwork.
- f. I believe that my attitude toward volunteer work should be professional.

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

# VOLUNTEER POLICY AND PROCEDURE MANUAL

## REQUIREMENTS

ALL staff members or volunteers are welcome to recruit volunteers.

### Application:

\*MUST be completed

Fill out ALL the paperwork and carefully review all the information so that you have a clear idea of the vision and purpose of our ministry. This will help you see if you are a good fit. If after praying and reading you would like to continue in the process, simply return the forms to me. Once returned I will contact you and set up an interview.

### Background Check:

\*MUST be completed

This process will take approximately a week to finalize, all information is confidential. As soon as that process is complete, I will contact you.

### Orientation Class

\*MUST attend a one-hour:

The 2<sup>nd</sup> Monday of the month at 12:00-1:00PM, or

The 4<sup>th</sup> Monday of the month at 5:30-6:30PM

### Life Language Class:

\*STRONGLY RECOMMENDED 2-hour quarterly class to review test & place

January, April, July, October

The 1<sup>st</sup> Monday of these months at 12:00-2:00PM, or

The 3<sup>rd</sup> Monday of these months at 5:30-7:30PM

**Volunteer Appreciation Dinner and Training Updates:**

Every 6 months

4<sup>th</sup> Friday in September & March from 6:00-8:00PM

For all volunteers plus one guest (husband, wife etc.)

Monthly nominated volunteers will be put into a hat for a chance to win a door prizes.

**Annual Volunteer Evaluations:**

Given on or around your annual volunteer start date.

These are evaluations that your direct supervising staff will assist with:

Where we can see how things are working out with you as a volunteer and or what we can do to improve it.

Where you can make suggestions to better TC

Whether or not you would like to move into another area to volunteer.

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## CONDUCT & BEHAVIOR

### Information for A Successful Volunteer Experience

First and foremost, we are a Christian organization and we represent Christ in word, thought and deed.

- Colossians 3:17 And whatever you do, in word or deed, do everything in the name of the Lord Jesus, giving thanks to God the Father through him.

Please arrive promptly as scheduled. The position you fill is very important to the operation of Adult & Teen Challenge. Your faithful commitment means we can count on you to accomplish work that has been specifically set aside for you. If something comes up and you cannot make it, please give your direct supervisor a call as soon as possible. Which will be provided when you are assigned an area to work in.

Please sign-in to Volunteer Sign-In Log located at the front desk upon arrival for that day and time you are volunteering. This helps Adult & Teen Challenge track our volunteer's hours and provides you documentation of your service.

Please wear Modest Clothing.

MEN: should wear collared shirts, jeans or slacks, or tailored shorts. No baggy, holy or dirty jeans. No inappropriate or distracting logos on shirts (drug, alcohol, sexual or gang related)

WOMEN: No short skirts, shorts, (must be at knee level). No short dresses without leggings underneath. No belly shirts, tube tops, spaghetti straps, or cleavage showing.

Please do not give Gifts or Money to a student. If a student has a material need, please refer them to an Adult & Teen Challenge staff member.

Please do not share Personal Information (phone number, email, social media account) with students.

Please do not pass along Messages for students to anyone outside of the program. Please refer these requests to a staff member.

Engage with Students in open, public areas. Be aware of your surroundings and perceptions.

Tobacco, Alcohol or Illegal Drugs are prohibited on premises.

Please report any Inappropriate Behavior or anything that makes you feel uncomfortable to your supervisor or the Volunteer Coordinator.

No Fraternizing with our students. Be aware of Physical Touch. Often a handshake or fist bump is the most appropriate type of contact.

Keep it R.E.A.L.



**Relate** – be involved with our staff, intern, and student interactions. You are one of the team.

**Engage** – when you are on duty, be an active part of the team

**Affirm** – encourage and affirm the team. God has called you to ministry

**Love** – Above all else clothe yourselves with love, which binds us all together in perfect unity Colossians 3:14

If requirements and or misconduct or behaviors listed above are not followed and continue after a verbal or written warning Termination could be warranted.

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## **Disclosure Form to Obtain Consumer Reports For Employment or Volunteer Purposes**

In considering you for employment, and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Adult & Teen Challenge Pacific Northwest (“Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410, Beachwood, OH 44122; or phone 888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net)

For explanation purposes:

- a “consumer report” is a written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in a whole or in part for the purpose of serving as a factor in making an employment related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records.
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action based in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under FCRA.

## Personal Data

Last Name	First Name	Middle Name
Date of Birth	Other Names Used	Years Used
Current Address		
City	State	Zip
Phone Number	Email Address	Years at this address
		Social Security Number <b>REQUIRED</b>

I have the right to make a request to **IntelliCorp Records, Inc.**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on my which **IntelliCorp Records, Inc.** has previously furnished within the last two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

\_\_\_\_\_   
 Printed Name

\_\_\_\_\_   
 Applicant Signature

\_\_\_\_\_   
 Date

## Authorization

I have read and understand the foregoing Disclosure, and authorize Adult & Teen Challenge Pacific Northwest to obtain and rely on consumer reports or investigative consumer reports concerning me obtained from **IntelliCorp Records, Inc.**

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

I  do  do not authorize you to contact, through IntelliCorp Records, Inc. *my current* employer for Employment and Reference Verifications. (*Checking "I do will authorize inquiries to the Human Resources Department and to any listed supervisors.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(for searches conducted on minors under  
the age of 18 years old)

\_\_\_\_\_  
Date

**Washington State Residents:**

*Under the Washington Fair Credit Reporting Act, you have the right to ask IntelliCorp Records, Inc. for a written summary of your rights. If you submit a request to Employer in writing, you have the right to get from Employer a complete and accurate disclosure of the nature and scope of the investigating consumer report Employer ordered, if any. If Employer obtains information bearing on your credit worthiness, credit standing, or credit capacity, it will be used to evaluate whether or not you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.*

**Oregon State Residents:**

*Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that Employer has not maintained secured records is available to you upon request.*

**TEEN CHALLENGE PACIFIC NORTHWEST CENTERS  
STUDENT INFORMATION  
CONFIDENTIALITY AGREEMENT & REGULATIONS**

During the course of performing duties/tasks, employees/volunteers/interns will be in a position to come in contact with confidential information concerning donors, students, staff and knowledge of TCPNC finance and business interests. Additionally, Federal Law (42 CFR Part II) insures the confidentiality of student records and their release. A violation of this Confidentiality law constitutes a crime and may be reported to appropriate authorities. Therefore employees/volunteers/interns shall agree to the following conduct as a condition of employment/participation within the TCPNC program.

- (1) Student records shall be maintained and release in accordance with Federal law 42 CFR Part II.
- (2) Generally, representatives of TCPNC may not say to a person outside the program that a student attends TCPNC, or disclose any information identifying them **Unless:**
  - a. The student consents in writing. See TCPNC Form 107: Authorization for Release of Confidential Information;
  - b. The disclosure is allowed by court order; or, the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
  - c. Federal law and regulations do not protect any information about a crime committed by a student either at TCPNC or against any person who works for TCPNC or about any threat to commit such a crime. Nor do Federal laws and regulations protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.
- (3) The undersigned will not divulge any client list, donor list, contribution list, student list, or any information contained therein or any other proprietary information gained or taken from TCPNC.
- (4) The undersigned will not divulge any financial information other than what their position requires.
- (5) The undersigned acknowledges that the term “termination of employment” means any separation from employment from TCPNC, either voluntary or involuntary.
- (6) The undersigned also agrees that at all times during employment/participation with TCPNC, and for a period of two (2) years after the date of termination of employment/participation, to maintain the confidentiality required stated herein.

Failure to execute this Agreement subjects Employee to appropriate disciplinary action, up to and possibly including discharge from employment or cessation of a volunteers participation.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Vice President of Operations

\_\_\_\_\_

Signature

Form 53, when signed by TCPNC employees, interns, volunteers and others deemed necessary, shall meet the conditions of the Teen Challenge National Accreditation Standard 32 & 34. Make two copies of this once completed. One copy is for the Administrative File and the second is for the signer.