



Volunteer Packet

We are excited about this year and all God wants to do in all our lives, and the lives of the youth in the Binghampton area. We ask that you complete this form below, so that we can know you a little better, also we ask that you realize that if you choose to be a part of Eikon Ministries that you will have the opportunity to invest into and change the life of a child. That's why we are very serious when it comes to those that volunteer, we ask for a commitment from our volunteers, only through commitment can a lasting change be made in your lives as well as the youth.

Volunteer Application:

First	Middle	Last	(What name do you go by?)	
Street		City	State	Zip
Work Phone		Home Phone		
Cell Phone		Email		
Best Way to Reach You		Church Membership		
Driver's License Number		DOB		
Employer	Job Title	Years with Current Employer		
Employer Address		City	State	Zip



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Volunteer Application:

1. What area do you wish to volunteer?
2. Why are you interested in volunteering with Eikon Ministries?
3. What is your experience in working with youth?
4. How long do you wish to volunteer? 6 months ____ 1 year ____ Special Events

5. Please give a brief description of yourself, hobbies and interesting facts about yourself.
6. Please give a brief personal testimony about your relationship with Jesus Christ.



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7. Please list two personal references. It is preferred that one of these be a pastor, minister or another staff member from your church who knows you well.

<u>Name</u>	<u>Phone</u>	<u>Email</u>	<u>Relationship</u>
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1. _____

2. _____

8. Have you ever been convicted of a criminal offense (felony or misdemeanor) except for minor traffic violations? Yes ____ or No ____

If yes, please describe.

9. Have you ever been charged with a sexual offense, crime of violence or offense relating to children? Yes ____ or No ____

If yes, please describe.

10. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry or similar organization regarding abuse or misconduct involving children? Yes ____ or No ____

If yes, please describe.

11. May we conduct a criminal background check to verify this, as well as a driving record check? Yes ____ or No ____

12. Please attach a copy of your Drivers License and Auto Insurance.



Background Check Authorization:

I authorize Eikon Ministries to obtain a background check, including criminal background information, driving record, etc., about me from the State of Tennessee and / or other sources in accordance with the policies of insurance underwriters, grant rewards and other sources. Results of the completed report will be sent to Eikon Ministries and will remain personal and confidential.

Signature

Date

Social Security Number