



VOLUNTEER APPLICATION

MISSION STATEMENT

Our mission is "Bringing Healing to Hurting Humanity." We are dedicated to providing practical and spiritual training to rehabilitate broken men and women. Our goal is to prepare these individuals to return to their families and communities, healed from the chains of addiction.

GENERAL INFORMATION

Mr. Mrs. Ms. Miss Rev. Dr. First/Last Name: _____
 Address: _____ City/State/Zip: _____
 Home Phone: _____ E-Mail Address: _____
 Driver's License #: _____ Social Security #: _____
 Birthdate: _____ Level of Education: _____
 Basic method of transportation: Car Public transportation Friend

EMPLOYMENT INFORMATION

Name of Company: _____ Position: _____
 Business Address: _____ Business Phone: _____

CHRISTIAN LIFE

Name of church you are currently attending: _____ None
 Church Address: _____ City/State/Zip: _____
 Church Phone: _____ Pastor's Name: _____ Member? Yes No
 Are you currently involved in any other capacity? If so, what capacity? _____

VOLUNTEER ACTIVITIES

Previous volunteer experience: _____

Is there a particular type of volunteer work you are interested in? (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> No preference | <input type="checkbox"/> Mentoring (<i>befriend, encourage in their growth and recovery</i>) |
| <input type="checkbox"/> Working directly with clients one-on-one | <input type="checkbox"/> Teacher (<i>Education, crafts, cooking, gardening, Bible classes, or other classes of interest</i>) |
| <input type="checkbox"/> Working directly with a staff person as an assistant | <input type="checkbox"/> Activities Leader (<i>exercise groups, horseback riding, etc.</i>) |
| <input type="checkbox"/> Grant Writer | |
| <input type="checkbox"/> Other _____ | |

What skills do you have?

- | | | | | | |
|------------------------------------|---|--------------------------------------|--------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Hair Stylist | <input type="checkbox"/> Gardening | <input type="checkbox"/> Teaching | <input type="checkbox"/> Medical | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Artistic | <input type="checkbox"/> Photography | <input type="checkbox"/> Legal | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Website Designer | <input type="checkbox"/> Other _____ | | | |

Please check any days and times you are available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____

What is your reason for volunteering at Captive Hearts? _____

How did you hear about us? _____

ADDITIONAL WAYS FOR INVOLVEMENT

In addition to volunteering, there are a variety of ways to be a part of our organization. Please indicate which, if any, you would like to explore further:

- I know a group (e.g., church, service club, employees, friends) who might want to learn more about us. Please send me _____ volunteer application(s) to give to my friend(s).
- I would like to make a tax-deductible donation to Captive Hearts: \$ _____ and/or _____ goods.

Please give two references (not related):

Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____

I agree to submit to Captive Hearts checking my references as listed above: Yes No

Because of insurance requirements, all applicants who have direct contact with Captive Hearts clients must agree to a background check. In signing this application, your permission will be given to do so to assure the well-being to all who are involved with our organization.

Have you ever been convicted of a crime? Yes No Have you ever been addicted to drugs? Yes No

SIGNATURE

The foregoing information contained in this application is true. I understand that Captive Hearts is a drug- and alcohol-free environment, and I agree to adhere to all policies and procedures. I certify that I am in good physical and mental health and am able to provide them the services for which I am applying. I also understand that the relationship being entered into is one of volunteerism and not employment; that any work performed is not subject to Workers' Compensation rules and regulations; that both parties agree there will be no payment or fringe benefits which may be enjoyed by employees; that either party may terminate my volunteer services at any time, without cause and without prior notice; and that you agree to hold Captive Hearts harmless from any legal action. Additionally, I agree with the Mission Statement of Captive Hearts and will support its intent.

Volunteer Signature: _____ Date: _____

Please return to: Captive Hearts, P.O. Box 1272, Grover Beach, CA 93483.

FOR OFFICE USE ONLY

References checked: Yes No Position assigned: _____

Comments: _____

