



**OHIO VALLEY TEEN CHALLENGE**  
**VOLUNTEER APPLICATION**  
**"CONFIDENTIAL"**

*Please print in ink when completing this form - Thank you.*

NAME: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

(Home)

(Cell)

(E-Mail)

Male  Female Date of Birth \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

Driver's License#: \_\_\_\_\_ Exp.Date: \_\_\_\_\_ Do you have a current CDL?  Yes  No

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**IN CASE OF EMERGENCY:**

Please Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

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**AVAILABILITY**

Full-time  Part-time  Volunteer \_\_\_\_\_

When would you be available? \_\_\_\_\_

Minimum length of commitment \_\_\_\_\_

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**PERSONAL INFORMATION**

**Marital status:**  Married  Single  Engaged  Separated  Divorced  Widowed

Do you use any of the following?

Tobacco  Marijuana  Alcohol

Prescription drugs  Non-prescription drugs  Illegal drugs

If you have answered Yes to any of the above items, please explain: \_\_\_\_\_

Have you ever been arrested or convicted of a criminal offense (exclude minor traffic violations)?  Yes  No

If yes, please explain: \_\_\_\_\_

*(Attach additional sheets if necessary)*

Have you ever been arrested, charged or convicted of a sexual crime?  Yes  No

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**SPIRITUAL BACKGROUND**

Are you a member of a church ??  Yes  No Church you currently/regularly attend? \_\_\_\_\_

(Street Mailing Address)

(City, State, and Zip)

Pastor \_\_\_\_\_ May we contact your Pastor? \_\_\_\_\_ Phone: \_\_\_\_\_

Are you born-again? \_\_\_\_\_ Filled with the Holy Spirit? \_\_\_\_\_

What are your spiritual gifts? \_\_\_\_\_

Describe your devotional life: \_\_\_\_\_

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### PHYSICAL/MENTAL HEALTH

Do you currently have any health issues such as high blood pressure, diabetes, asthma, or epilepsy? Yes No

If yes, please explain: \_\_\_\_\_

Have you ever been treated for any mental health issues such as depression, anxiety, bipolar, OCD, etc? Yes No

If yes, please explain: \_\_\_\_\_

If yes, are you currently on medication? No Yes If Yes, please list medication(s) \_\_\_\_\_

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Have you ever experienced, or presently have a physical ailment, injury, disability, handicap or condition that would prevent you from performing certain types of work related tasks while being involved with Ohio Valley Teen Challenge? Yes No

If yes, please explain: \_\_\_\_\_

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### SKILLS

Please indicate briefly any skills, gifts, callings, training, education, or additional factors that you feel has prepared you for this type of volunteer work and would be helpful to Ohio Valley Teen Challenge in considering your application. (Attach additional sheets if necessary.)

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### PERSONAL REFERENCES (Pastor, Counselor, Mentor, Friend, no relatives please)

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
(Street Mailing Address)

\_\_\_\_\_  
(City, State, and Zip)

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
(Street Mailing Address)

\_\_\_\_\_  
(City, State, and Zip)

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

(3) Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
(Street Mailing Address)

\_\_\_\_\_  
(City, State, and Zip)

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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**On a separate paper, briefly describe why you desire to volunteer at  
Ohio Valley Teen Challenge.**

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**APPLICANT'S STATEMENT**

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge, I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration as a volunteer with Ohio Valley Teen Challenge.

I hereby authorize those references, churches, businesses, and employers listed herein, unless otherwise noted, to provide any information, records, etc., they may have regarding my character, moral integrity, and fitness for volunteering with Ohio Valley Teen Challenge. I also hereby release those references, churches, businesses, and employers listed herein, unless otherwise noted, who provide any information, records, etc., regarding my character, moral integrity, and fitness for volunteering with Ohio Valley Teen Challenge, from any liability or damages resulting from such disclosure to Ohio Valley Teen Challenge.

I understand that signing this application indicates my willingness to authorize a background check on my personal history and that the information contained in this check will have a bearing on my volunteer opportunities at Ohio Valley Teen Challenge.

Should my application be accepted, I hereby agree to abide by the Constitution and Bylaws and program policies and procedures of Ohio Valley Teen Challenge, and to refrain from immoral conduct in the performance of my services and duties on behalf of Ohio Valley Teen Challenge.

I understand and accept that a condition of my volunteerism is execution of the Christian Conciliation Agreement.

I understand my first 90 days will be probationary, during which time I or Ohio Valley Teen Challenge may terminate relationships at any time, for any reason deemed necessary.

Please answer the following questions accurately:

1. Have you ever been sexually abused?  Yes  No
2. Have you ever been physically abused?  Yes  No
3. Have you ever sexually or physically abused a minor?  Yes  No
4. Have you ever been convicted of sexually or physically abusing a minor?  Yes  No
5. The State requires a criminal background check for all staff and volunteers. May we do this?  Yes  No

Ohio Valley Teen Challenge shall *not* categorically deny employment, promotion or assignment to individuals with personal substance abuse history or criminal convictions, but shall consider the nature of the offense in relationship of the facts supporting that abuse or conviction to the specific requirements of the job assignment in the Ohio Valley Teen Challenge program. Ohio Valley Teen Challenge will not accept as volunteers, people who have felony convictions of a sexual nature as a part of their personal history, due to our community obligations.

SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

