



**Mt Healthy Alliance Inc.**

Serving One Another in Love  
Galatians 5:13

## Zone 2:31 Volunteer Application

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

Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Best time to be contacted \_\_\_\_\_

Number of hours available per week \_\_\_\_\_ 4pm-6pm

Best Day(s) to serve: Mon Tues Thurs Fri Sat

Present church member \_\_\_\_\_ Yes \_\_\_\_\_ No

Church or non-profit affiliations \_\_\_\_\_

Occupation \_\_\_\_\_

Where employed \_\_\_\_\_ Full-time / Part-time

What skills, spiritual gifts, or talents do you have which might be useful in this position?

What training or experiences do you have which might be useful with children?

If you could do anything for God without fear of failure, what would it be?

Have you been convicted of a criminal offense?      Yes      No  
(If yes, please explain below)

Have you been convicted of child abuse or sexual abuse or been involved in any activities related to molesting or abusing children/youth? If yes, please explain.

Have you ever had an open case by with Children Services ?

**References:** (Please provide name and phone of three non related references)

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I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my removal if discovered at a later date.

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