MICAH HOUSE
AFTER SCHOOL PROGRAM

Volunteer Application

First Name	Last Name
Birthdate _____/_____/_____	Cell #
Home address	City
State/ Zip	Zip Code
Email Address	Languages Spoken
Current Employer	Driver License #

Emergency Contact

Name	Cell #
Relationship	

References

Name	Email
Relationship	
Name	Email
Relationship	

Check areas that you are interested in serving:

- ☐ Tutoring
- ☐ Literacy
- ☐ Recreation
- ☐ Story Time
- ☐ Art/Hobbies
- ☐ Other _____

Day(s) willing to serve:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday

Shift(s) willing to serve:

- ☐ 12:30-2:00 pm
- ☐ 2:00-4:30 pm
- ☐ 2:00-5:00 pm
- ☐ 3:00-5:30 pm

Student Programs willing to serve:

- ☐ Elementary
- ☐ Middle/High School (Teens)

Micah House is a faith-based program. Below is an evaluation tool to identify where you are on your own spiritual journey. Everyone is in a different place in that journey, so beginning at the left, read down the list until you find the statement that best describes your current spiritual marker.
(Check all that apply)

- ☐ God cannot exist
- ☐ There is a possibility of God
- ☐ I am wondering if God can be known
- ☐ The Christian church may have a way to find God
- ☐ I know the basic facts of the Christian message
- ☐ I acknowledge a personal need for Jesus Christ
- ☐ I have received Salvation
- ☐ I am a functioning member of a local church
- ☐ I am striving to serve the Lord
- ☐ I am leading others in the ministry of the church

Please share briefly about your relationship with God/ Jesus Christ. If none, please state your religious beliefs:

Describe any previous experience working with kids. List organizations and responsibilities

Required Questions

1. Have you ever been convicted of a criminal offense (felony or misdemeanor, except minor traffic violations)?
   YES NO (circle one, if yes please explain)

2. 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 NO (circle one, if yes please explain)

3. Are there any other facts or circumstances in your or your background that would cause us to question your ability to supervise, guide and care for young people? YES NO (circle one, if yes please explain)

- I hereby authorize anyone identified in this form to release any information concerning me.
- I hereby release Trinity Community Foundation/Trinity Church from any and all liability for damages of whatever kind which may at any time result to me, my heirs, or family on account of compliance, or any attempts to comply, with any person or organization identified by me in this application.
- As a Micah House volunteer, I agree to observe all guidelines and policies including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships.
- I have carefully read the foregoing releases and know the contents thereof, and I sign this release as my own free act.

Signature | Please Print Name | Date