



General Volunteer Application

PERSONAL INFORMATION

Name

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Area Code

Phone Number

Email

example@example.com

Date of Birth



Month Day Year

Marital Status

Single

Married

Widowed

Divorced

Name of TMC Program where you wish to serve

YOU ARE INTERESTED IN VOLUNTEERING AS:

You can check as many volunteer positions are you want

Financial Counselor

LifeSkills Workshop Speaker

Meal Provider

Mentor

Prayer Guardian

Childcare Provider

Office and Special Events Coordinator

Church Champion

Transportation Coordinator

Coordinator Roles

Meal Provider Coordinator

Childcare Coordinator

Mom's Day Out Coordinator

Other Volunteer Roles

Group Grandma
Group Photographer
Scrapbooker

YOUR CHURCH INVOLVEMENT

Name of the church you are currently attending *

Church Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Church Phone Number

Area Code

Phone Number

Pastor's Name

First Name

Last Name

May we call your pastor for a reference?

YES

NO

Please list the areas in which you have served in your church (Nursery, Bible Study Leader, Sunday School Teacher, Worship Team, etc.)

STRENGTHS AND DIFFICULTIES

What would you consider some of your personal strengths?

Are there any personality types you have difficulty working with?

YOUR EXPERIENCE WITH TEEN MOMS

Have you personally known a teen mom?

YES

NO

If YES, please explain.

PERSONAL AND FAMILY EXPECTATIONS

Please share with us what your personal expectations are in regards to working with teen moms.

Please share with us what your family's expectations are about you working with teen moms.

REFERENCES

Please list the names and contact information of at least two references you are not related to.

Name

First Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

How do you know this person? (Friend, Teacher, Employer, etc.)

Name

First Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

How do you know this person? (Friend, Teacher, Employer, etc.)

SIGNATURE

Please review the following statement and sign it.

"I do hereby pledge that the information I have given in this application is true and trustworthy. I understand that if any given information is proven false I will be asked to cease serving as a volunteer for Teen Mother Choices."

Printed Name

Date



Month Day Year