



Hope For Generations Volunteer Application

Contact / Personal Information

Date: _____

Mr. Mrs. Ms. First Name: _____ Last Name: _____

Address _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Home Work

Secondary Phone Number: _____ Cell Home Work

Date of Birth: _____

Email: _____

T-Shirt Size S M L XL 2XL

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____ Cell Home Work

Employment / Occupation

Employer: _____ Job Title: _____

Length of Current Employment: _____

Education

Please mark your highest level of education completed and put the year completed in the blank

High School _____ College _____

Other _____

Ministry and Volunteer Experience

Please list all ministry / volunteer experience: _____

Pertinent Certification or Training (e.g. CPR, First Aid, etc.): _____

Church you attend: _____

Volunteer Roles

Please check ✓ which roles and responsibilities most interest you. You may check more than one role.

- I would like to work with elementary age children.
- I would like to work with teenagers.
- I prefer to be in a supporting role – like a helper or assistant.
- I would like to be in a teaching or leading role – like a Small Group leader or sharing / teaching in a group setting.
- I like to be in front of the group and teach and lead in an energetic way.
- I desire to work one-on-one with a child or teen.
- I want to interact with parents / guardians.
- I like canvassing or riding in the bus to pick up children and youth.
- I'm good at greeting people and making them feel welcome.
- I like to do registration and check in / check out.
- I would be open to helping with driving.

I already know I want to serve in a specific outreach.

- Mentoring Project (Tuesday nights) Bible Club (Thursday nights) Block Parties

Comments: _____

Personal Beliefs & Agreement with Mission

I agree with the following and am willing to support these goals and purposes of Hope For Generations:

I believe that I am saved by God's grace alone, through faith in Christ alone, and I am not saved by any good works.

I believe in the virgin birth.

I believe in the Trinity – only one God, but in three persons – God the Father, God the Son, and God the Holy Spirit.

I believe the Jesus is God the Son and the ultimate sacrifice for sin.

I believe the Jesus rose bodily from the dead.

I believe that a person must be born again to receive eternal life.

I believe in the infallibility and authority of the Bible.

I will choose to practice a biblical view of sexuality

(Romans 13:13; 1 Corinthians 6:9-10, 18)

- Committing to sex only within marriage.
- Choosing not to cohabitate outside of marriage.
- Avoiding being active in or promoting a homosexual lifestyle.

I want to see at-risk / inner-city children mentored toward and in a relationship with Jesus (Matthew 28:19-20)

I will purpose to continually point children towards God and the Holy Bible for answers and direction. (2 Timothy 3:16)

I believe that the Gospel of Jesus Christ is not only life-changing, but the basis for true and lasting life change. (2 Corinthians 5:21)

I will look for opportunities to point children to a greater understanding of the Gospel message.

Salvation Testimony Questions

How did you realize you needed Christ? (Ephesians 2:4-7, Romans 3:12)

When and how did you receive Jesus as Savior? (Ephesians 2:8-9, Romans 10:9-10, Romans 5:1)

How has that decision changed your life? (Ephesians 2:10, Romans 8:1)

Important Program Policies

Make sure you familiarize yourself with these policies as they will help protect you and the children during any Hope For Generations program.

Check-In / Check-Out Policy

Parent or guardian permission is an absolute must before releasing a child early from the program!

Child Abuse and Neglect Policy

You have a moral and legal responsibility to report suspicion of abuse or neglect.

As a Hope For Generations volunteer, you are required to notify program leadership (Ron Stidham).

As a resident of the state of Oklahoma, you are required by law to notify DHS.

Child Drop-Off Policy

Never leave a child unattended at home or anywhere else!

Child Information Policy

Be careful with confidential information. Any requests for confidential information regarding parents, guardians, or children should be sent to Ron Stidham.

Child Pick-Up Policy

Children may only be released to those designated on the permission slip.

Photo and Video Policy

Do not publish an image of a child and include the child's name. Check and ensure photo permission before you photograph any children!

Permission Slip Policy

All children seeking to participate in any Hope For Generations program must turn in a completed permission slip. All permission slips must be signed by a legal guardian and be in our possession prior to the child attending the program.

Physical Contact and Restraint Policy

Volunteers must never physically discipline a child. Physical discipline includes, but not limited to: spanking, slapping, grabbing faces, poking, pinching, etc. Report any accidental contact or communication to Ron Stidham immediately for direction and guidance.

Anti-Bullying Policy

Bullying is unacceptable and must be addressed in order to protect our children!

Contagious Illness or Condition Policy

Children who may have contagious illness or condition should not attend any Hope For Generations program.

If ill or contagious children arrive at the program or become sick while there, treat them with love and understanding and make arrangements for them discreetly.

Violence Policy

In case of any violence at the program, Ron Stidham will assume operational command.

Bathroom Policy

Never go into a bathroom with a child or children without a 2nd volunteer over 18 present.

References

Please list 2 references that are not related to you and have know you longer than 6 months.

Name: _____ . Relationship: _____

Phone: _____ . Email: _____

Name: _____ . Relationship: _____

Phone: _____ . Email: _____

Back-up in case others are not available:

Name: _____ . Relationship: _____

Phone: _____ . Email: _____

Signature and Agreement

I hereby certify that:

I have read and agree to abide by the program policies.

By signing below, I indicate that:

I have carefully read this document and recognize that it is a legally-binding agreement.

I give permission for photographs / videos of myself to be used by Hope For Generations and any of their partners.

I certify that, to the best of my knowledge, all answers and information given are true and complete.

Date: _____

Print Name: _____ Signature: _____

Parent / Guardian Agreement (if under 18 years of age)

I hereby certify that:

I and my son / daughter have read and agrees he / she will abide by the program policies.

By signing below, I indicate that:

I and my son / daughter have carefully read this document and recognize that it is a legally-binding agreement.

I certify that, to the best of my knowledge, all answers and information given are true and complete.

Date: _____ Relationship: _____

Print Name: _____ Signature: _____

Office Use Only:

Approve: _____ Deny: _____

Date: _____ By: _____