

Volunteer Application
The Sparrow's Nest
Women's Restoration Program



Date: _____

Name: _____ Date of Birth: _____

Address: _____

Length of time at this address: _____

Telephone: _____ E-mail: _____

Sexual Orientation: ___ Heterosexual ___ Lesbian ___ Bisexual

Marital Status: ___ Single ___ Married ___ Divorced ___ Separated

Do you have children? _____ If yes, how many? _____

Education:

Please check the highest level of education completed:

___ High School Diploma/GED ___ Some College

___ Associate's Degree ___ Bachelor's Degree

What degree or degrees do you hold? _____

Employment History:

Please start with your current or most recent employer and work backwards for the past 10 years.

1. Position: _____ Dates of Employment: _____

Address: _____

Supervisor Name: _____ Phone Number _____

Reason for Leaving: _____

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2. Position: _____ Dates of Employment: _____

Address: _____

Supervisor Name: _____ Phone Number _____

Reason for Leaving: _____

3. Position: _____ Dates of Employment: _____

Address: _____

Supervisor Name: _____ Phone Number _____

Reason for Leaving: _____

4. Position: _____ Dates of Employment: _____

Address: _____

Supervisor Name: _____ Phone Number _____

Reason for Leaving: _____

Christian Background:

In your own handwriting, on the last page of this application, briefly give your Christian Testimony.

Do you believe The Bible to be the only inspired and infallible Word of God, our final authority in all matters of Faith, Truth, and Conduct? _____ Yes _____ No

Denominational Preference: _____

What is your local church affiliation? _____

Are presently a member in good standing? _____ Years? _____

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In what church activities are you involved and with what degree of regularity? _____

Describe your routine or personal Bible study and prayer. _____

What books have you read recently that have helped you spiritually? _____

Please answer each of the following questions:

Have you ever been involved with substance abuse and/or addiction? ____ Yes ____ No

If yes, what was your drug of choice and how long have you been in recovery? _____

Have you ever taken or are you currently taking: Suboxone, Subutex, Methadone, Vivitrol, etc? _____

If yes, please explain: _____

Do you use tobacco of any kind? ____ Yes ____ No

Do you drink alcohol? ____ Yes ____ No

If yes, how many drinks do you consume in a week? _____

Why do you wish to volunteer at The Sparrow's Nest Women's Restoration Program? _____
