

New Beginnings Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Birthdate: _____ Marital Status: Married Single Divorced Widow

General Information:

1. Why are you interested in helping at New Beginnings?
2. What spiritual gifts and abilities do you have that could contribute to helping with New Beginnings?
3. What are your beliefs about single mothers, unmarried couples or gay couples parenting Children
4. What experience do you have working with people in poverty? What are your beliefs about people in poverty?

5. Are you able to communicate in a second language (other than English)? Which language?
6. Please list the name and phone number of two character references that you have known two or more years.

If you are NOT applying for a Mentor Position skip the next 4 questions:

1. Please give a brief testimony of how and when you accepted Jesus as your personal savior. How has he changed your life? (use the back page if you need more space)
2. Do you feel comfortable about sharing gospel with another person? How would you feel about follow-up with discipleship?
3. What church do you attend? If not Hope Church, please give your pastor's name and phone number?
4. Please read the attached Hope Church's Faith Statement and New Beginning's Purpose Statement. Do you agree with these? Why or Why not?

Availability:

Circle the area you would prefer to work:

Mentor (work with clients)

Receptionist (filing/organizing, answering phone, g-mail calendar, computer)

Driving Clients to and from appointments (include a copy of license and insurance card)

Shop (sorting and organizing donations)

Please Circle times you are **NOT** available to volunteer:

Monday: AM AFTERNOON EVENING

Tuesday: AM AFTERNOON EVENING

Wednesday: AM AFTERNOON EVENING

Thursday: AM AFTERNOON EVENING

Friday: AM AFTERNOON EVENING

I am available to start after I have been trained: Yes _____ No _____

If no when can you begin? _____

Your Signature: _____

Date: _____

(deliver or mail to New Beginnings, 1290 Jackson Street, Dubuque, IA 52001)