



Volunteer Application

New Horizons Crisis Center
702 School Drive, Gainesboro, Tennessee 38562
Office: (888) 688-0470 Fax: (888) 221-4764

Name: _____ Date: _____
(First) (Middle) (Last)

Address: _____
(Street address) (City) (State) (Zip)

Phone: _____ Alternate Phone: _____

Fax: _____ Best time to call? AM / PM

E-mail Address: _____ Social Security No.: _____

Position applied for: _____ Date you can start: _____

Referred by: _____

What days and times are you available: _____

Are you 18 years or older? Yes / No

Do you have a valid driver's license? Yes / No

Please list all driving violations within the past 7 years? _____

Have you sought treatment for, or been arrested for any offense involving alcohol or illegal drug use in the past three years? Yes / No

If yes, please explain: _____

Have you ever been convicted of a criminal offense (not including traffic violations)? Yes / No
If yes, please list all convictions and an explanation. *Answering yes will not necessarily exclude you from consideration.* _____

Are you able to refrain from tobacco use during volunteer hours? Yes / No

TCUC strictly prohibits all tobacco use during working hours, and at anytime within sight of TCUC property.

Why do you want to serve in this ministry? _____

Do you have any special skills, talents, or gifts that might be beneficial to TCUC? _____

Have you ever worked for any Teen Challenge before? If so, when and where? _____

Educational Background

Do you have a high school diploma, or equivalent? Yes / No

Did you attend college, vocational school, or bible training? Yes / No Did you graduate? Yes / No

If yes, what degree/course of study was completed? _____

Relevant Volunteer Experience

Organization

Position/Major Responsibility

Dates of service

Personal Background

Are you a Christian? Yes / No If yes, what church do you attend?

Name: _____ **Pastor:** _____

Address: _____

Reference Check Permission Form

I, _____, give **Teen Challenge of the Upper Cumberland** permission to contact the references listed below to discuss my suitability as a **volunteer ministry worker**.

Signature: _____

Date: _____

List three persons who have knowledge of your qualifications. The first reference should be a person who is in a position of "spiritual leadership" in your life who is familiar with your spiritual development. The next_{two} references should be people you know through different relationships and/or situations. For example:, a friend or an employer (paid or volunteer position). Ideally the three references that you provide should come from each of these categories. Please ensure that one of the two non-family references has known you for at least 2 years.

Reference One

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town Postal Code:

Phone: _____ Fax: _____ Email: _____

Best time to call? AM / PM Cell #: _____

Relationship to the candidate: _____ **Length of relationship:** _____

Reference Two

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town Postal Code:

Phone: _____ Fax: _____ Email: _____

Best time to call? AM / PM Cell #: _____

Relationship to the candidate: _____ **Length of relationship:** _____

Reference Three

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town Postal Code:

Phone: _____ Fax: _____ Email: _____

Best time to call? AM / PM Cell #: _____

Relationship to the candidate: _____ **Length of relationship:** _____

**Teen Challenge of the Upper Cumberland
New Horizons Crisis Center**

Volunteer Authorization For Release of Background Information

In connection with my application for volunteer service with **NEW HORIZONS CRISIS CENTER**, I authorize **NEW HORIZONS CRISIS CENTER** and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that **NEW HORIZONS CRISIS CENTER** may conduct inquiries into my background that may include criminal records, motor vehicle records, personal references and other public record reports pertaining to me. When requested by an employer motor vehicle records or a driving history may be obtained. American Driving Records will provide motor vehicle records from the state of Louisiana.

I authorize without any reservation, any person, agency, or other entity contacted by NEW HORIZONS CRISIS CENTER or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above-mentioned information.

I release **NEW HORIZONS CRISIS CENTER**, their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Requested by: 9312657940 **PLEASE PRINT INFORMATION BELOW**

FULL LEGAL NAME _____ DOB _____

OTHER NAMES USED _____ SS _____

DRIVERS LIC # _____ STATE ISSUED _____

Please note: If your address is a rural route, or post office box, we must have City & County where mail was delivered

Current
Address _____ City _____ Co. _____ St. _____ Zip _____
How long at this address? (Months/Years) _____

Previous
Address _____ City _____ Co. _____ St. _____ Zip _____
How long at this address? (Months/Years) _____

Previous
Address _____ City _____ Co. _____ St. _____ Zip _____
How long at this address? (Months/Years) _____

SIGNATURE _____ **DATE** _____

LIST ALL CITY/STATES RESIDED AT SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

PLEASE READ CAREFULLY. A CHECK IN EACH BOX INDICATES AGREEMENT.

- I understand that ministry is a privilege, not a right, and that my desire to serve must, at all times be affirmed by Teen Challenge of the Upper Cumberland through its screening process.**
- I understand that an appointment to this ministry requires that I provide three references and a background records check by Accufax as part of the screening process.**
- I understand that in accepting a volunteer ministry position, I am committing myself to act in compliance with the beliefs, values, policies, and processes of Teen Challenge of the Upper Cumberland.**
- I understand that a substantial percentage of participants in the Teen Challenge of the Upper Cumberland program have criminal backgrounds and that I assume all related risks in providing services to these individuals. I hereby release and discharge Teen Challenge of the Upper Cumberland from liability with regard to any damages, losses, or injuries sustained by me arising out of, or relating to my volunteering with Teen Challenge of the Upper Cumberland.**
- I have read and understand the Teen Challenge of the Upper Cumberland volunteer guidelines and agree to abide by them while serving as a volunteer.**
- I understand that training and accountability are key support for my volunteer position. Therefore, I will attend training, as required by the position.**
- I understand that I am freely entering into this volunteer arrangement and that I will receive no pay or benefits such as medical insurance or worker's compensation insurance in exchange for my volunteering.**
- I know that Teen Challenge of the Upper Cumberland will maintain a file on persons filling volunteer positions. This information is confidential and will be kept in a secure location.**

Signature of Applicant

Date



Volunteer Guidelines

- **Treat all students with dignity and respect keeping in mind that students are in various stages of recovery. In order to protect volunteers and students, it is imperative that all students are treated in accordance with Teen Challenge of the Upper Cumberland program rules.**
- **Do not give special favors or anything valued over \$10.00 to students. Do not accept anything of value from students without the approval of the Executive Director. Do not lend or borrow money from a student, purchase personal items from a student, or sell merchandise or personal services to a student.**
- **Treat all students fairly and objectively. No favoritism or preferential treatment is permitted. You will find that there may be some students to whom you are more naturally drawn to in interaction and conversation, which is true in almost any group of people. Please be sensitive to issues of favoritism and strive to treat everyone equally. Please maintain a polite and courteous attitude during the performance of your duties at all time.**
- **Volunteers must abide by program rules and support the program at all times. Students concerns about the program must be brought to the attention of the program staff. At no time should a volunteer side with disgruntled students against program staff or program rules.**
- **All personal information at Teen Challenge of the Upper Cumberland is confidential and stays within Teen Challenge. Volunteers may not discuss with anyone information about students in the program, including acknowledging whether or not someone is a student here.**
- **Do not dispense any medication to students under any circumstances.**
- **If there is any questionable behavior by a student while with a volunteer, the volunteer must contact a staff member ASAP. Questionable behavior would be doing something contrary to Teen Challenge of the Upper Cumberland policies, or the student asking the volunteer to violate Teen Challenge of the Upper Cumberland policies on their behalf.**
- **If a volunteer has permission to take a student off TCUC property, the student must be kept under the volunteer's supervision at ALL times, and returned to TCUC within the time frame indicated by the student's pass.**
- **When transporting a student enrolled in Teen Challenge of the Upper Cumberland program in my personal vehicle, I am aware that in the event of a motor vehicle accident my personal automobile insurance policy will most likely be the primary insurance policy providing coverage. I understand that Teen Challenge of the Upper Cumberland's insurance policy will most likely not provide any coverage for me, my passengers (including TCUC students and/or staff), my vehicle, or other vehicles and/or property.**

PLEASE DETACH FROM APPLICATION AND KEEP FOR PERSONAL REFERENCE.