



**Edify Teens Ministries, LLC Volunteer Application Form**

Thank you for your interest in Edify Teens Ministries. Knowing your skills, interests, and available hours will help us find the best assignment for you. Please fill out this form as completely as possible. The Reference forms must be filled out by two references and turned in directly to ETM. Your application will not be considered until two reference forms have been received.

Date \_\_\_\_\_

Name \_\_\_\_\_ Gender M/F  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Cell Work

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

How were you referred to B.Y.R.D. House Inc.? \_\_\_\_\_

If court ordered community service, how many hours to be completed? \_\_\_\_\_

Are you presently a student? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where \_\_\_\_\_

Major: \_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where \_\_\_\_\_

Occupation \_\_\_\_\_

Current (or most recent) employer's name and address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Accomplishments: \_\_\_\_\_

Hobbies / Interest:  
\_\_\_\_\_

What experience do you have working with children? \_\_\_\_\_

Why do you want to volunteer with Edify Teens Ministries?  
\_\_\_\_\_  
\_\_\_\_\_

What previous volunteer experience do you have? \_\_\_\_\_  
\_\_\_\_\_

What special skills, training, or experience do you have related to this volunteer opportunity?  
\_\_\_\_\_  
\_\_\_\_\_

**Edify Teens Ministries requests that you commit to no less than one hour, once a week, for three to six months. We will set up an ongoing weekly schedule. Please circle the day(s) and write the time you would like to volunteer.**

**Please mark all that apply:**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

**Mark the group(s) you would like to work with:**

Girls ages 6-10 \_\_\_\_\_  
Girls ages 11-15 \_\_\_\_\_  
Girls ages 16-21 \_\_\_\_\_  
Adults \_\_\_\_\_

Boys ages 6-10 \_\_\_\_\_  
Boys ages 11-15 \_\_\_\_\_  
Boys ages 16-21 \_\_\_\_\_  
Seniors \_\_\_\_\_

**Which volunteer position(s) are you interested in? If interested in more than one, please number them in the order you prefer.**

\_\_\_\_\_ Mentor      \_\_\_\_\_ Tutor      \_\_\_\_\_ Information Management/Technology  
\_\_\_\_\_ Spiritual Enrichment      \_\_\_\_\_ Recreation & Activities      \_\_\_\_\_ Facilitating  
\_\_\_\_\_ Administrative Support      \_\_\_\_\_ Other-Please describe \_\_\_\_\_  
\_\_\_\_\_

**How did here about the Edify Teens? Please circle and detail all that apply.**

Newspaper \_\_\_\_\_      Flyer \_\_\_\_\_  
Religious Organization \_\_\_\_\_      Friend \_\_\_\_\_  
School/Career Center \_\_\_\_\_      Volunteer Fair \_\_\_\_\_  
Internet/Website \_\_\_\_\_      Other \_\_\_\_\_

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In case of an emergency contact:

Name \_\_\_\_\_      Relationship \_\_\_\_\_

Address \_\_\_\_\_      Phone \_\_\_\_\_

Personal Physician: \_\_\_\_\_      Phone: \_\_\_\_\_

**Disclosure (voluntary)**

**Edify Teens seeks to recruit and maintain a diverse group of volunteers. Diverse backgrounds include but are not limited to race, gender, age, color creed, marital status, gender, disability, national origins, and socioeconomic status. Disclosure in voluntary and not required for participation.**

Gender \_\_\_\_\_ Are you an individual with a disability? Yes No

What is your disability? \_\_\_\_\_

Racial or ethnic group. Please circle one or more if applicable:

American Indian      Asian or Pacific Islander      African American

Multiracial      Caucasian      Hispanic

Other \_\_\_\_\_

**Validation**

All of the information in this application is true to the best of my knowledge. I authorize investigation of all information contained hereon. I understand that my misrepresentation or omission of facts called for hereon will be sufficient cause for cancellation of any consideration or termination of service without notice. I understand Edify Teens Ministries is a drug free workplace. I further understand that Edify Teens has implemented a drug free workplace policy and that adherence and consent to this policy is a condition of service in this program. If I am offered a position with ETM volunteer program, I understand that either Edify Teens or I will have the right to terminate this relationship at any time with our without cause. All applicants must complete a background check and TB testing.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Email, fax, or mail your complete application to:

Edify Teens Ministries, LLC  
P.O. Box 802, Dublin, GA. 31040  
Email: [admin@edifyteens.org](mailto:admin@edifyteens.org)  
Telephone: (770)-685-5657

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**REFERENCE FORM**

TO THE APPLICANT:

This form should be given to two people who know you well and to whom you are not related. Examples include professional, community-based (volunteer supervisor or community leader) or academic (teacher or professor).

Your reference should complete the form and they may fax, email, or mail back to us.

Applicant's Name

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Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address:

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TO THE REFERENCE:

The person named above is applying to volunteer with Edify Teens Ministries in Newnan Georgia. If selected he or she will work directly with children and or adults as a mentor, tutor, activity facilitator or numerous therapies to help the growth of our participants. For most positions, the volunteer will be working directly under supervision of staff. The volunteer needs to be a positive role model in the life of children and adults who need stable, healthy relationships with adults.

Please appraise the applicant's assets and limitations in regard to the goals and conditions of Edify Teens Ministries. Feel free to make any additional comments on this form and to attach additional sheets if necessary. Your input is greatly appreciated.

**PLEASE TYPE OR PRINT CLEARLY:**

Name

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Position/Title

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Organization/Institution

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Address

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Email:

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How long have you known the applicant?

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In what capacity have you known the applicant?

\_\_\_\_\_ Job Supervisor/Employer  
\_\_\_\_\_ College Instructor  
\_\_\_\_\_ Other (specify):

\_\_\_\_\_ Clergy  
\_\_\_\_\_ Coach

\_\_\_\_\_ High School Student  
\_\_\_\_\_ Volunteer Supervisor

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1. What three words best describe this applicant?

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2. Please rate the following qualities of the applicant?

1=Needs Improvement    2=Below Average    3=Average    4=Above Average  
5=Excellent

Dependability	1	2	3	4	5
Ability to take initiative	1	2	3	4	5
Communication skills	1	2	3	4	5
Independence	1	2	3	4	5
Ability to work with minimal supervision	1	2	3	4	5
Ability to resolve conflict	1	2	3	4	5
Ability to work as a member of a team	1	2	3	4	5
Maturity	1	2	3	4	5
Independence	1	2	3	4	5
Responsibility	1	2	3	4	5

3. Please describe any interactions you have seen between the applicant and youth and/or adults.  
How do they relate and interact with them?

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4. Please describe the applicant's strengths.

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5. Please describe the applicant's weaknesses.

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6. Volunteers are required to understand other people’s viewpoints and problems and to communicate with people from differing backgrounds. Please explain the applicant’s ability to handle diversity.

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7. In your opinion, is this applicant appropriate for this position?  
\_\_\_\_\_ NO                      \_\_\_\_\_ YES                      Yes, with reservations – Explain

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Please use this space to include anything else about the applicant that may help in determining his/her qualifications.

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Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email, fax, or mail your completed reference form to:

Edify Teens Ministries  
P.O. Box 802  
Dublin GA 31040

Email: [admin@edifyteens.org](mailto:admin@edifyteens.org)