



DISASTER RESPONSE VOLUNTEER APPLICATION

*Name _____ *Home Phone _____

*Address _____ *City/State/Zip _____

*Email address _____ Cell Phone _____

*it is essential that we have your primary email address so that we can contact you with in 24 hours of a disaster

Work Phone _____

*Emergency Contact Name _____ Relationship _____ Phone # _____

*Disaster location you would like to volunteer at : _____

Team Contact Information

Church or Group Name _____ Church Business Private

Address _____ City/State/Zip _____

Team Lead _____ Contact Number _____

Dates of Service:

1 week 2 weeks Dates you are available: _____

List any work or family restrictions, physical limitations or sensitivities that might require special accommodations:

Skills and abilities: Please check all that apply

Construction Engineering Electrical Plumbing Carpentry Masonry Architecture

Construction Supervisor Maintenance Mechanic Landscaping Distribution Center Cook

Computer Administrative work Case Management Bible study Counseling Other _____

Licensed skills

License # _____ License Expiration _____

Are you a Christian? Yes No A 'No' answer does not disqualify you as a volunteer. This information is used solely for placement purposes. If you answered 'Yes,' please tell us what it means to you to be a Christian:

How did you hear about CityTeam Disaster Response? _____

VITAL STATISTICS FOR SAFETY AND IDENTIFICATION

Shirt Size _____ Height _____ Weight _____ Hair Color _____ Eye Color _____ Blood Type _____

* Required Information

BACKGROUND INVESTIGATION APPLICATION

CityTeam is required to conduct a background investigation on all persons desiring to volunteer in a disaster relief area. All information will be held in strict confidentiality. Your signature below acknowledges that you accept and agree to this procedure.

*Security Clearance Information Purposes: _____
Social Security # _____ Date of Birth _____

*Have you ever been or are you currently on parole or probation? (must provide written authorization from parole officer)
 NO YES (If yes, please explain)

*Have you been under the care of a mental health professional within the past 5 years? NO YES (If yes, please explain)

*Are you currently on any medications? NO YES (If yes, please explain)

*Have you ever been convicted of, or are any charges pending against you, concerning you, concerning any crime involving actual or attempted child abuse or sexual molestation against children in any jurisdiction?
 NO YES (If yes, please explain)

*Have you ever been convicted of, are any charges pending against you, concerning any crime involving actual or attempted sexual assault in any jurisdiction? NO YES (If yes, please explain)

*Have you ever been required to register as a sex offender? NO YES (If yes, please explain)

I certify that all information contained in this disclosure is correct and true. I affirm that I have never been convicted of, nor am I the subject of pending charges for any offense involving actual or attempted child abuse, sexual molestation or sexual assault in any jurisdiction.

I hereby authorize CityTeam Ministries to contact references listed herein to verify all information provided, and obtain any and all information related to my character, past work performance, and ministry skills and gifts. I further hereby release all references and prior employers from any liability for information provided in good faith.

Signature _____

Date _____

Applicants who have been convicted of a felony crime against women or children or have a violent crime conviction within 2 years of the submission of their background check will not be approved as a volunteer. Applicant must pass the background investigation in order to be approved as a volunteer or deployed to a disaster site.

**Fax completed form to (610) 876-9924 - attn. Courtney McKeown.
For questions please contact Courtney McKeown at (610) 872-6865**