



Program of Adam Centers
Center for Men's Ministries, Cincinnati Branch

VOLUNTEER APPLICATION

P O BOX 15103

Cincinnati, OH 45215

Phone 513-235-9298

Section One

Name:

Mailing address:

Zip Code:

Telephone number/s:

E-mail address:

Date of birth:

Marital status: Never been married Married Divorced Widowed

Currently employed: Yes No If yes, where: _____

Work phone (if OK to call there): _____

Do you regularly attend church: Yes Sometimes No

If attending, name of church, pastor/priest/minister, address and telephone:

May we contact your church/organization about Adam Center programs:

Yes No

If yes, contact person, telephone, e-mail:

How did you hear about the Adam Center: _____

Section Two

Why would you like to be a volunteer at the Adam Center? Please include information about your relationship with Jesus Christ.

Which area/s are you interested in volunteering (check as many as you want):

- | | |
|---|---|
| <input type="checkbox"/> Book/Bible study leader | <input type="checkbox"/> Volunteer Peer Counselor (1 to 1 with clients) |
| <input type="checkbox"/> Prayer team | <input type="checkbox"/> Fund-raising and development |
| <input type="checkbox"/> Marketing/Publicity | <input type="checkbox"/> Resource & web site research |
| <input type="checkbox"/> Librarian | <input type="checkbox"/> FLEX team: miscellaneous needs |
| <input type="checkbox"/> Administrative oversight | |

Are there other talents and interests you would like to mention?

The training is 8 weeks, each session being approximately 2 hours long as well as a Saturday. We ask that you pay for the cost of material which is \$ 25.00.

Please understand you must complete all sessions to be considered for certification as a volunteer peer counselor for the Center for Men's Ministries, Cincinnati doing business as Adam Center. If a conflict arises, it is your responsibility to work with the instructor to cover missed work.

If more than 2 sessions will be missed, please consider that now may not be the time to take this intensive training course.

Completion of the course does not guarantee your meeting with clients for one to one peer counseling.

Please initial that you understand what is listed here. _____

Section Three

Please list two (2) references and their telephone numbers. We will contact each by telephone.

If possible, these references should be people that have worked with you or have observed you in volunteer or service situations. Please let them know we will be calling.

1. _____

Telephone: _____

2. _____

Telephone: _____

This information will remain confidential. Your application process will be incomplete until the telephone questionnaire is concluded.

Upon completion of basic training, you **are expected to volunteer 50 hours over the next year**, whether seeing clients or serving in another capacity at the Adam Center. We work with you to ensure there are ample opportunities to fulfill your commitment.

If you do not intend to use the training at the Adam Center, and attempts to contact you to begin volunteering are ignored, the financial cost to you is \$ 500. We believe you will act with integrity and will step forward to meet your responsibility in a timely fashion or pay the fee.

Signature of applicant: _____ Date: _____

The Director, Danny Kramer, or others on the Training Team, will contact you upon receipt of the application to schedule a telephone or personal interview. We are very excited!

For Office use Only

Date received: _____ Training group: _____

Notified of receipt: _____ Reference completed: _____

Spoken with: _____

Approved: _____ Not approved: _____

Further action: _____

Comments: