

**MISSION MISSOURI  
VOLUNTEER APPLICATION**

**DATE:** \_\_\_\_\_

**POSITION DESIRED:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**DRIVERS LICENSE NUMBER:** \_\_\_\_\_

**MARITAL STATUS:**

**SINGLE** \_\_\_ **MARRIED** \_\_\_ **WIDOWED** \_\_\_ **DIVORCED** \_\_\_

**SEPARATED** \_\_\_ **REMARRIED** \_\_\_ **ENGAGED** \_\_\_

**SPOUSE'S NAME:** \_\_\_\_\_

**YEARS MARRIED:** \_\_\_\_\_

**NUMBER OF CHILDREN:** \_\_\_\_\_

**CURRENT PLACE OF EMPLOYMENT:** \_\_\_\_\_

**TITLE/POSITION:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

**Can you be reached at work? YES** \_\_\_ **NO** \_\_\_

**EDUCATION AND WORK EXPERIENCE**

**Do you hold a college degree(s)? If so what? \_\_\_\_\_**

**Please list any current or previous work or volunteer experience you have had.**

**NAME OF COMPANY: \_\_\_\_\_**

**YEARS SERVED: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_**

**PHONE: \_\_\_\_\_**

**SUPERVISOR: \_\_\_\_\_**

**NAME OF COMPANY: \_\_\_\_\_**

**YEARS SERVED: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_**

**PHONE: \_\_\_\_\_**

**SUPERVISOR: \_\_\_\_\_**

**NAME OF COMPANY: \_\_\_\_\_**

**YEARS SERVED: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_**

**PHONE: \_\_\_\_\_**

**SUPERVISOR: \_\_\_\_\_**

**SPIRITUAL BACKGROUND:**

**PLEASE SUMMARIZE YOUR SPIRITUAL HISTORY (CHURCH AFFILIATIONS, FAITH EXPERIENCE AS RELATED TO YOUR BELIEFS)**

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**PERSONAL REFERENCES**

Give **THREE** references, other than spouse or family, who are qualified to speak of your spiritual experience and service.

**NAME, ADDRESS, CITY/STATE/ZIP, PHONE, RELATIONSHIP**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

**Have you ever been convicted of any offense against the law? (You may omit minor traffic violations)**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**If yes, please explain.**

\_\_\_\_\_  
\_\_\_\_\_

**Have you ever committed or been accused, charged or alleged to have committed any act of neglecting, abusing or molesting any children? YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**If yes, please explain in detail, providing date and place of incident.**

\_\_\_\_\_  
\_\_\_\_\_

**Have you abused drugs or alcohol; or been concerned that you may have a problem with alcohol, pornography or any other addictions; or has anyone ever suggested that you may have a problem with any of the above? YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**If yes, please explain.**

\_\_\_\_\_

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**Have you been treated for a mental disorder?**

**YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain.**

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**APPLICANT'S CERTIFICATION AND AGREEMENT**

**I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery or falsification of any statement or significant omission of facts may prevent me from obtaining a volunteer position or may subject me to immediate dismissal from that position. I authorize Mission Missouri to verify all data given in my application and my oral interview from the personal references listed in this application. I have carefully read and do understand the above statements.**

**I HAVE READ AND UNDERSTAND THE STATEMENT ABOVE AND THE VOLUNTEER HANDBOOK AND AGREE TO COMPLY WITH THE STATED REQUIREMENTS AND EXPECTATIONS.**

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**Signature of Applicant and Date**

**PLEASE RETURN TO:**

**Mission Missouri  
Box 1858  
Sikeston, Missouri 63801**

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