



Restored180 Ministries

RESTORED180 Residential Program

(Formerly known as Restoring Joy Ministries, International)

Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever volunteered with us? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____



Restored180 Ministries

RESTORED180 Residential Program

(Formerly known as *Restoring Joy Ministries, International*)

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



Restored180Ministries

RESTORED180 Residential Program

Application

(Formerly known as Restoring Joy Ministries, International)

APPLICANT – Read the following passages and sign below:

I hereby authorize Restored180 Ministries, International to conduct any necessary criminal history investigation.

With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying Restoring Joy Ministries, International with information it may request pursuant to this release. I also agree that a photographic copy of the waiver is as valid as the original.

Signature

Date

Print full name

Social Security Number

____/____/____
Applicant Birthdate

Application