



Our mission is to educate, equip, and encourage Christians and their churches to care for children in need of families.

**VOLUNTEER APPLICATION**

**Personal Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Birth Date: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No  
If yes, please explain below. Some volunteer positions require a background check.  
A criminal history will not automatically exclude an applicant from serving.

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

Are you a member of a church?: \_\_\_ Yes \_\_\_ No

If yes, please provide:

Church Name: \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ ZIP: \_\_\_\_\_  
When did you become a member?: \_\_\_\_\_  
Areas of service within the church: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Additional Reference Name: \_\_\_\_\_  
Additional Reference Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Why would you like to volunteer with Mid-Atlantic Orphan Care Coalition?:

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

**Experience:**

Occupation: \_\_\_\_\_  
Special Training or Certifications: \_\_\_\_\_

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

Interests: \_\_\_\_\_

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

Groups, Boards, or Organizations you belong to: \_\_\_\_\_

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



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**Availability:**

Days Available: \_\_\_\_\_ Hours Available: \_\_\_\_\_

**Interest:**

Please check all interests that apply to you:

**ADMIN**

- Writing
- Editing
- Program Coordination
- Communications

**EVENTS**

- Event Planning
- Fundraising
- Event Hosting
- Serving at Events

**SERVICE**

- Photography
- Accounting
- Grant Writing
- Food Service

**MARKETING**

- Social Media
- Graphic Creation
- Web Design
- Print or Digital Marketing

**OTHER**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All proceeding information is as accurate and current as possible. I also release Mid-Atlantic Orphan Care Coalition to contact my pastor and additional reference.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Please email application to: [info@orphancarecoalition.org](mailto:info@orphancarecoalition.org).*