



VOLUNTEER/ EMPLOYMENT APPLICATION

Date _____

Name _____ Home Phone _____

Address _____ Mobile phone _____

City, State, Zip _____ Business Phone _____

E-mail _____

Age _____ Birthday ____/____/____ Social Security Number: _____

Occupation _____ Employer _____

Marital Status: Single Married Widowed Separated Divorced

Emergency Contact Name: _____ Phone Number: _____

Do you have a medical condition we need to be aware of (i.e. diabetic)? If so, explain:

Did you graduate from high school? Yes Year _____ No

Did you graduate from college? Yes Year _____ Years of college completed _____ No

Special qualifications (advanced degree, counseling experience, etc.) _____

Field of working experience _____

What languages, other than English, do you speak? _____

Previous Volunteer Experience _____

Have you had experiences or training that would be of value in New Wine Foundation? Yes No

If so, please explain _____

Are there any personalities/socioeconomic backgrounds with which you might have difficulty?

If so, please explain _____

Are you currently (or have been within the last 2 years) in professional counseling? Yes No

Have you experienced anything traumatic in the past year? Yes No

Why do you believe you are capable of effectively working with homeless, orphans, widows, or street children?

If selected, are you willing to make a 20-40 hours commitment each week to NWF? Yes No

Are you willing to consistently give NWF a priority commitment? Yes No

List three references with phone numbers and email addresses.

1. _____ Phone _____

Email address _____

2. _____ Phone _____

Email address _____

3. _____ Phone _____

Email address _____

NWF Member, Volunteer I Agree To . . .

1. Be faithful in implementing specific policies and procedures set down by New Wine Foundation.
2. Attend all prayer meetings taking place every Thursdays.
3. Be present at every last Sunday of the month meetings.
4. To complete a background check.
5. To have a drug and alcohol test conducted, if needed.
6. Attend all the meetings and training seminars. If unable to attend, I agree to plan with my supervisor as soon as possible in order to get the information.
7. There will be a 3-month review with the supervisor.
8. Wear the NWF uniform when conducting community outreach.
9. Only represent NWF in a public sphere or formal setting after receiving permission.
This includes all speaking opportunities.
10. Turn in my notice for resignation 1 month prior to last day.

I am in agreement with NWF.

Signed

Date

~~~~~ *Please do not write below this line.* ~~~~~

Date Interview with interview team \_\_\_\_\_

Date Interview with President \_\_\_\_\_ Approval \_\_\_\_\_

Background Check sent

References Check

Copy of Driver's License

Name/Address/Phone/Birthday in computer

Work Day/Time Selected \_\_\_\_\_ Start Date \_\_\_\_\_

End of Service Date: \_\_\_\_\_ Reason: \_\_\_\_\_

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



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