



916 Lamond Ave., Durham, NC 27701

Volunteer Application

Name: _____

Mailing Address: _____

City _____ State _____ Zip _____ Phone: _____

Email: _____ Date of Birth: _____

Occupation (Employer & Position, School Attending) : _____

Emergency Contact (Name & Phone): _____

Which volunteer opportunities are you most interested in? (Mark all that apply)

Center Volunteer

- Hanging Out** during after school (4 - 6 pm) – supervising & participating in games and activities (Basketball, soccer, game room/snack bar, video game room, student lounge, etc.)
- Tutoring** during after school (4 - 6 pm) - Helping with homework groups or individualized tutoring.
- Teaching a Class** during after school – Teach something enriching to MS-HS students (once/week).
- Participating/Helping Lead** one of the Reality Center Programs (See Volunteer brochure for description of Programs).
 - Tuesday Night Live** (program for young people with disabilities)
 - Grill ‘n Chill** – Our half-day program when DPS has school for only half a day.
 - Roc the Mic** – We host a program that highlights the musical gifts of students in area.
- Mentoring** an adolescent for one year.

Field Volunteer

- Volunteer** in one of **Durham’s Public schools.**
 - Coach** a team
 - Assist** in a classroom
 - Monitor** a test-taking session or study hall

Please list your weekly available volunteer hours.

Monday	Tuesday	Wednesday	Thursday	Friday

For tutors only:

1. I am proficient to tutor in the following high school subjects:
2. I am proficient to tutor in the following middle school subjects: (no need to list if the same as #1)

Please answer the following questions on a separate sheet of paper.

1. Why do you want to volunteer with Reality Ministries?
2. What do you hope and/or expect to receive from a volunteer experience with Reality?
3. Reality Ministries is a faith-based ministry. Our Mission Statement is: *Helping adolescents to live into the loving presence and life-changing reality of Jesus Christ.* Do you have any reservations about serving under this Mission Statement?
4. How would you describe your relationship with God?
5. Do you have any special skills/qualities/experiences that you will bring to Reality as a volunteer?

For the following questions, if you answer “yes” please elaborate.

6. Do you speak another language?
7. Have you ever been convicted of a crime?

Please list two professional and one personal reference.

	Professional	Professional	Personal
Name			
Position			
Employer			
Relations			
City & State			
Phone			

Note: All volunteers will be asked to submit a background check.

Please return completed application to the Reality Ministries office:

Mail: P.O. Box 242
Durham, NC 27702

Fax: 919-688-7779

Email: realityministriesinc@gmail.com

Drop off: 916 Lamond Ave.
Durham, NC 27701

Call the office with questions at 919-688-7776, and ask for Steve Larson or Olivia Korman.



Background Check Authorization

Print Name:

(First) (Middle) (Last)

Former Name(s) and Dates Used:

Current Address Since:

(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From:

(Mo/Yr) (Street) (City) (Zip/State)

DOB:

Social Security Number:

Telephone Number:

The information contained in this application is correct to the best of my knowledge. I hereby authorize Reality Ministries and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Reality Ministries** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

****Reality Ministries** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Thanks for completing this form, the protection of our friends is very important. Reality Ministries pays \$10 for each background check completed. If you would like to donate \$10 for your background check, we will be very grateful.