

Agape Volunteers

Volunteer Application

Name _____ Date of Birth _____

Address _____

City, State, Zip _____

Phone (s) _____

Email Address _____

Employment:

Employer _____ Position _____

Supervisor _____ Phone _____

Availability:

Monday Tuesday Wednesday Thursday Friday Saturday

Best times: Morning Afternoons Evenings

Church Home _____ Do you have transportation _____

Do you have any specialized skills that you would like to utilize when volunteering?

References: Please include the names and contact information for three references.

1. _____
2. _____
3. _____

Please check the following areas in which you would like to volunteer:

- **Office Support:** filing, answering phones, stuffing letters
- **FIT Support:** providing child care for Life Skills Classes, providing food for life skills classes, organizing or delivering donations made to FIT families
- **Assisting with Care of Physical Plant:** moving furniture, lawn care, household repairs,
- **Mentoring:** We need mentors to spend time with and develop relationships with the children that Agape has assisted in foster care or those that have been adopted.
Circle: boy or girl age: _____
- **School Based Mentoring:** Agape had partnered with the CONNECT program and can send mentors into select Memphis City Schools during school hours to meet with your mentee.
- **Adult Mentoring:** Our FIT mothers need mentors to walk with them on their journey out of homelessness.
- **Tutoring:** No special expertise required, just the desire to sit at a table with 4-5 young children and assist them in the completion of their homework. This occurs at one of our Powerlines tutoring sites.

For additional information please contact: Lori Humber, Volunteer Coordinator,
901-323-3600 or lori.humber@agapemeanslove.org

Submit Application to:

Agape Child and Family Services

Attention: Lori Humber

111 Racine Street

Memphis, TN 38111



AGAPE Child & Family Services

111 Racine Street

P.O. Box 11411

Memphis, TN 38111

RELEASE OF INFORMATION FORM

AGAPE Child and Family Services, Inc. is required by the Tennessee Child Abuse Law (TCA 37-1-408) to inquire if I have ever been convicted of a felony. Therefore, I grant approval for them to request information on any and all records of arrest and/or convictions. I hereby release the County Sheriff's or Police Department, it's officers, agents, employees, successors, and assigns from any and all claims, actions or suits for damage or injuries, of whatever nature, which may result from release of my police records upon this request.

FULL NAME: _____ **AGE:** _____

SEX: _____ **RACE:** _____ **D.O.B.** _____

SOCIAL SECURITY NUMBER: _____

MAIDEN NAME: _____

SIGNATURE **DATE**



Please list below any county and state in which you have resided within the last 7 years.

Current: _____

Previous: _____

Previous: _____



AGAPE Child & Family Services
111 Racine Street
P.O. Box 11411
Memphis, TN 38111

DRIVERS RECORDS CHECK RELEASE FORM

I, _____, hereby give consent, without and reservation, for AGAPE Child and Family Services, Inc. and its employees to obtain a copy of my driving record as part of the foster and/or adoptive background check.

I hereby agree that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.

I certify and understand, as my signature below acknowledges, that I have read this form and waive any rights I may have to bring criminal and/or civil action for defamation, invasion of privacy or any similar cause against AGAPE Child and Family Services, Inc. or its employees.

Name (as it appears on drivers license): _____

Driver's License Number: _____ **State:** _____

Social Security Number: _____ **Date of Birth:** _____

Signature

Date

Witness

Date