



ACCESS MINISTRY VOLUNTEER APPLICATION

Date/Program Served: _____

MBC Tysons
8925 Leesburg Pike
Vienna, VA 22182

MBC Loudoun
44180 Riverside Parkway
Leesburg, VA 20176

MBC Prince William
10002 Battleview Parkway
Manassas, VA 20109

____ References

____ Background

*Volunteer Contact: Kayla Underwood
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PERSONAL INFORMATION

Date: _____
Name (first, middle, last): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (H) _____ (W) _____ (C) _____
E-mail Address: _____
Date of Birth: ___/___/___ Sex: Male or Female (please circle)
How did you hear about Access? _____
Do you have a disability or special need? _____

Where would you like to serve? (Please check all areas of interest)

Tysons Opportunities:

- Accessibility Summit
- Administrative Support
- Beautiful Blessings (Sunday School for children with special needs)
- Friendship Club:
 - Bible study, corporate worship for teens and adults with developmental disabilities
 - Social activities, peer fellowship for teens and adults with developmental disabilities
- Adult Day Program (M - F day program for post-high school graduate adults with special needs)
- Respite Care:
 - Breakaway (Saturdays, 9:30 am-3:00 pm; morning or afternoon volunteer shifts available)
 - Break Out (Fridays, 6:00-10:00 pm)
- SIBs ONLY Events (Programming for special siblings)
- Special Events (Access Family Picnic, Christmas Celebration)
- Soaring Over Seven Summer Camp (each July)
- Sunday Worship Northern Virginia Training Center

Loudoun Opportunities:

- Administrative Support
- Beautiful Blessings (Sundays, 9:00 am & 10:45 am)
- Respite Care:
 - Breakaway (Saturdays, 9:30 am-3:00 pm; morning or afternoon volunteer shifts available)
 - Break Out (Fridays, 6:00-10:00 pm)
- Friendship Club: Bible study, corporate worship for teens and adults with developmental disabilities

Prince William Opportunities:

- Beautiful Blessings (Sundays, 9:00am & 10:45 am)
- Respite Care: Breakaway (Saturdays, 9:30 am-3:00 pm; morning or afternoon volunteer shifts available)

Are you serving as part of a group? Yes No Leader's Name _____

Have you ever been convicted of any offense against the law? (Please omit minor traffic violations.)

Yes No

If yes, please explain. _____

Have you ever committed or been accused, charged with any behavior that is inappropriate towards to children? Yes No

If yes, please explain in detail. _____

I. CHRISTIAN AND SPIRITUAL BACKGROUND

If you are a community applicant, please proceed to Section II.

How long have you been a Christian? _____

Please give us a brief testimony of how you asked Jesus into your life. _____

What ministries within the church have you been involved with and in what capacity have you served? _____

Have you taken any classes through McLean Bible Church (ex. McLean University, Precepts, etc.)?

If so, please list them here. _____

Please list the spiritual gifts you believe you have (i.e. teaching, mercy, administration, music, creative arts, etc.) _____

II. EDUCATION AND WORK EXPERIENCE

Profession _____ Employer _____
Degree(s) _____

Please list any current or previous work or volunteer experience that you feel is relevant to working with children or children with special needs.

1. Name of Organization: _____
Position/Role: _____
Length of Time Served: _____
2. Name of Organization: _____
Position/Role: _____
Length of Time Served: _____
3. Name of Organization: _____
Position/Role: _____
Length of Time Served: _____

III. PERSONAL REFERENCES: REQUIRED

Please list two adult references, other than your spouse or family members, who are qualified to speak of your spiritual experience, your character, and/or your ability to work with children.

Name: _____
City: _____ State: _____ Zip: _____
Phone: _____ **Email Address:** _____

Name: _____
City: _____ State: _____ Zip: _____
Phone: _____ **Email Address:** _____

Applicant's Certification and Agreement

I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that the falsification of any statement or significant omission of fact may prevent me from obtaining a volunteer position or may be grounds for immediate dismissal from my position. I authorize Access Ministry staff members to verify all data given in my application and by my references. I have carefully read and do understand the above statement.

Signature

Date



VOLUNTEER CONFIDENTIALITY AGREEMENT

All information concerning the children and families served by Access Ministry is to remain strictly confidential. Volunteers must keep confidential information they receive that is of a medical, privileged, confidential or non-public nature and may not disclose such information to any individual without proper authorization. Disclosure of information should only be given by Ministry Staff or designated Volunteer Team Leaders to those emergency teams which require information for medical treatment or other legitimate reasons related to client care.

Volunteers are bound to this agreement as a condition of being able to serve in this ministry and will continue to be bound by it indefinitely following the completion of their service.

I, _____, understand and agree to abide by the above confidentiality guidelines.

Signature

Date

