

VICTORY
DREAM **Q CENTER**

VOLUNTEER APPLICATION

Thank you for your interest in volunteering at the Dream Center!
Please fill out these forms and turn them in to Pastor Nathan.

We will contact you and let you know when you can volunteer.

Thanks!

If you have questions you can reach Pastor Nathan at (618) 525-2025

Victory Dream Center

Volunteer Application

Thank you for your interest in volunteering at Victory Dream Center! Our goal is to have a team who can work together to serve people, glorify God, and advance His Kingdom on the earth.

Please take a few minutes to fill out the following pages. We understand that some of the questions may be a little sensitive. Our heart is not to make you feel uncomfortable, but rather to have a good understanding of who our volunteers are. We want to steward over the people God has entrusted to us, knowing that we have a safe, healthy environment that honors Christ. Once again, thanks for your interest in serving!

Name: _____ DOB: _____

Address: _____

City: _____ Phone: _____

1. How did you come to know Christ? _____

2. When did you first hear about or come to the Dream Center? _____

3. Please briefly explain your desire to volunteer at Victory Dream Center (ie Why you want to):

4. What positions would you like to be considered for? _____

5. Please circle times of the week you would be available to serve:

Tuesday Truck Deliveries & Food Sorting

Wednesday Food Pantry

Saturday DC Café

Sunday Morning Breakfast

Sunday After Church Food Pantry

VICTORY DREAM CENTER

Volunteer Application #1

As a volunteer at the Dream Center, we make an extra effort to ensure God's will is done in each department. We must provide care of the flock God gives us. We realize that some of the following questions are very personal. It is not our desire for people to feel they have to be perfect to serve the Lord. At the same time, we want to make sure we have staffed each area with the people that are best suited for that department.

(Answering "No" does not necessarily prevent you from volunteering. Please give more details about any "No" answers on the back of this application.)

YES NO

- ___ 1) Are you currently married? (How long? _____)
- ___ 2) Are you currently living with your spouse?
- ___ 3) Do you both plan to continue living together married?
- ___ 4) Have you received Jesus Christ as Savior and Lord? (Date _____)
- ___ 5) Do you support the Bible doctrines taught at Victory Dream Center?
- ___ 6) Do you read the Bible regularly?
- ___ 7) Do you pray regularly?
- ___ 8) Do you attend Victory Dream Center weekly?
- ___ 9) Have you kept yourself from using alcoholic beverages, tobacco products, & illegal drugs for
at least the last 12 months? (if not, please explain on the back of this application)
- ___ 10) Have you kept yourself from pornography? (if not please explain on back)
- ___ 11) Have you kept yourself from every physically or sexually abusing a child or adult?
- ___ 12) Have you ever been convicted of a crime other than a minor traffic offense?
- ___ 13) Have you received counseling or behavioral medication in the last 12 months?

"I affirm the above information is true to the best of my knowledge"

Signed _____

Date _____

Phone _____

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____

Last

First

Middle

Date of Birth: -- -- Gender: Male Female Race: _____

Current Address: _____

Street/Apt #

City

State

Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code) Dates
From/To

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed _____ Date _____

Please type, use bold letters or label:

(Submitting Agency Fax Number)
(Submitting Email Address)

(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@Illinois.gov

[Print Form](#)

