

**F.A.V.A.R MINISTRIES, INC.**  
**Fathers against Violence and Repeat-Offenders**  
**Volunteer Enrollment Form**

**DATE** \_\_\_\_\_

**New** \_\_\_\_\_ **Renewal** \_\_\_\_\_

Name: \_\_\_\_\_

Dob: \_\_\_\_\_ Place of Birth \_\_\_\_\_ U.S. Citizen \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Contact in case of Emergency: \_\_\_\_\_

Medical Conditions we should be aware of (allergies etc.) \_\_\_\_\_

Education Background: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_

Reason for Volunteering: \_\_\_\_\_

Is there a particular location you want to work at? Y \_\_\_ Where \_\_\_\_\_ N \_\_\_

Would you be willing to travel over night? \_\_\_\_\_

Is there a particular population you want to work with? (Check all that apply)

\_\_\_ Adults \_\_\_ Teens \_\_\_ Male \_\_\_ Female

What times are you available for volunteering? (Check all that apply)

\_\_\_ Weekdays \_\_\_ Evenings \_\_\_ Weekends \_\_\_ AM Hours \_\_\_ PM Hours

Are you Bilingual? \_\_\_ Yes \_\_\_ No If yes what languages?