

ONE BY ONE MINISTRIES COORDINATOR APPLICATION

TODAY'S DATE _____ Sponsoring Church _____

General Information

First Name _____ Middle _____

Last Name _____

Ethnicity _____ Date of Birth _____

Street Address _____

City _____ State ____ Zip Code _____

Cell Phone _____ Home Phone _____

Email _____

What is the best way to contact you? _____

Please circle: Married Never Married Divorced Widowed

Spouse's Name _____ Anniversary _____

Children:

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Education

Education (Highest grade or degree completed) _____

Date of completion _____

Education or other skills/talents/interests which you believe might be beneficial for your One by One volunteer work _____

Fluent in any language other than English? (please list) _____

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Employment

Work status (circle one) Part-Time Full-Time Retired Student

Occupation _____

Company/Agency/Business _____

Work Phone _____ Work email _____

May we contact you at work? _____

Duration of Employment _____ (years/months)

Spiritual Background

The goals and mission of One by One Ministries mandate that all volunteers demonstrate a love and commitment to the Lord Jesus Christ.

Describe in detail how you became a Christian and your relationship with the Lord, including what He is doing in your life today. (Use the back of this sheet as needed).

Your church affiliation _____

Are you a member? _____ How long? _____

What activities and volunteer service positions are you involved in at your church?

Describe any ministry and volunteer service experiences you have been involved in at other churches (Please include dates.) _____

Volunteer Information

Please outline your experiences with other volunteer service positions. Please include dates.

Brief description of how you became interested in the One by One program.

Why are you interested in being the One by One Coordinator for your church?

As your church's coordinator, you will need to spend several hours a week recruiting, processing, and managing mentors and prayer partners; coordinating the matching process of mentors/mentees; collecting visit reports and records and getting these sent into the One by One administrative office; maintaining resources and supplies needed by the volunteers; and meeting with mentors on a regular basis.

How will this time commitment impact your home, work, or family schedules?

How will you work with church staff members for the growth of the One by One ministry within your church?

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CONFIDENTIAL**References:***1. Pastor or other Senior Church Staff:*

Name _____ Position _____

Contact Info: Phone _____ Email _____

How long have you known this person? _____

2. Business or Employer reference:

Name _____ Position _____

Contact Info: Phone _____ Email _____

How long have you known this person? _____

3. Christian Friend:

Name _____ Position _____

Contact Info: Phone _____ Email _____

How long have you know this person? _____

Signature

My signature below signifies that I have read and agree to the following statements:

- I certify that all of the information provided on this application is true and accurate.
- I understand that no part of my personal information will be used in any way by any other agency other than One by One.
- I authorize the electronic storage of my information submitted to One by One Ministries. This authorization remains in effect until revoked by me in writing.
- I give permission for One by One to use my photograph in social media or publications about the ministry.
- I understand that One by One curriculum is copyrighted and I agree not to violate their copyright protection by reproducing, downloading or sharing OBO materials.
- I understand that all information I receive about One by One staff, other One by One volunteers, or mentees must be kept confidential. Even when making prayer requests with other volunteers and my church, I will not divulge names or other identifiable personal information without the express permission of the individuals involved.

Signature _____ Date _____

Printed Name _____