



Eye of the Artists

VOLUNTEER APPLICATION

1821 Summit Road
Cincinnati, OH 45237
(513) 362-2728

Please answer all questions fully and honestly

Contact Information

Name: SSN:

Street Address:

City: State: Zip:

Phone: Phone 2:

Email:

Employment Information

Occupation: How Long:

Company:

Business Address:

City: State: Zip:

Phone:

Education Information

High School: Diploma GED Year:

Trade School: Diploma Year:

University: Diploma Year:

Major:

University: Diploma Year:

Major:

Personal Information

Birthdate:

Place of Birth:

Are you expecting any changes in your family or occupation within the year?

Please explain expected changes

Are you currently under a doctor's care for a physical or emotional condition? Yes No

Do you currently take medication regularly? Yes No

Please explain any yes answers

Have you ever been arrested? Yes No Date(s) of arrest(s)

Please explain. Also list any warrants for arrest.

Do you object to a police and background check? Yes No

Why do you want to be an Eye of the Artists volunteer?

How do you spend your leisure time?

Do you have any special skills or hobbies?

Do you belong to any ministry or organization within your church or community?

What are your pet peeves?

What do you see as the most challenging aspect of your personality for others?

Please check any traits you are unable to accept or handle:

- | | | | |
|-------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Overly affectionate | <input type="checkbox"/> Mentally challenged | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Attention-seeking | <input type="checkbox"/> Overly sensitive | <input type="checkbox"/> Selfish |
| <input type="checkbox"/> Delinquent | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Attachment issues | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Adolescent | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Immature | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Timid | <input type="checkbox"/> Indecisive | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Insensitive |
| <input type="checkbox"/> Follower | <input type="checkbox"/> Compulsive | <input type="checkbox"/> Physically challenged | <input type="checkbox"/> Immature |

Please list any traits not listed above with which you may have difficulty:

Please list information that may influence how you handle outside of normal situations:

Complete only if interested in working with children

Do you have automobile liability insurance? Yes No

Provider/Policy #/Phone #:

Do you have any experience working with children? Please explain:

Have you previously been part of a mentoring agency? Yes No

Name of agency(s) and date(s) associated:

With which age group are you interested in working? 13 - 19 Adults

By signing below, I attest that all information is true and given to the best of my ability.

Date:

If this form is done electronically, your name above serves as a signature and is legally binding.