

MEN OF VALOR

FAMILIES MINISTRY – REVERSE THE CURSE APPLICATION

Date: _____ Drivers License Number: _____

Social Security #: _____ - _____ - _____

Are you interested in: Tutoring () Mentoring () Adopting a Family () Delivering food ()

Name _____ Date of Birth _____ Drivers Lisc. # _____

Address _____

City and State _____ ZIP _____ Home Phone _____

If married, your Husband's/Wife's name: _____

If married, is your spouse supportive of your volunteering? _____

List your children (if applicable) with their names & ages. (helps us in matching you w/ a family)

Occupation/Job Title _____

Employer and Address _____

Business Phone _____ Cell Phone _____ Email _____

Latest Book Read _____

Hobbies _____

Church Membership _____ Pastor _____

Church Phone # _____

List three references. (Name, Relationship & Contact Information of each)

**We need one of these to be either your Pastor or Sunday school teacher.*

1 _____

2 _____

3 _____

Do you have previous experience in serving as a tutor, mentor or spiritual counselor to families of men in prison? ()Yes ()No If **yes**, explain.

On occasion, sharing God's word will be an important part of the time you spend with your family. Please rate your knowledge of the Scriptures:

Good _____

Fair _____

Limited _____

How did you learn about Men of Valor?

Why do you want to volunteer with Men of Valor?

What are some expectations you have for this experience?

How and when did you become a follower of Jesus?

If you agree to Adopt a Family would you be willing to deliver food and meet at least once a month with your family? () Yes () No () NA

Every Volunteer will be required to complete a training session. Are you willing to complete this training? Yes () No ()

Have you ever been convicted of a crime? () Yes () No *If Yes, please explain here:

***EMAIL this application to me @ tevin@movnashville.com OR FAX it to the Men of Valor office at: 615-361-8544.**
