

Volunteer Application Form

Thank you for your interest in volunteering with the International Christian Education Association (ICEA). This application is to be completed by all those wishing to serve with ICEA in any capacity. It is being used to help ICEA provide an encouraging, safe and Christ-centered environment for everyone who participates in our programs.



Volunteers play a vital role in the fulfillment of the mission of ICEA. All volunteer applications are reviewed with consideration of current volunteer opportunities. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Personal Details

Name: _____ Mr. Mrs. Miss. Ms.

Postal Address: _____

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

Birth-date: _____
Day / Month / Year

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Telephone: (Home) _____ (Mobile) _____

Moral Convictions

Do you have a personal relationship with Jesus Christ? Yes No

If so, when did you make that commitment?

Are you a member of a church? Yes No

If so, what church?

Do you wholeheartedly subscribe to the following Doctrinal Statement? Yes No

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three Persons: Father, Son, and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that for salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life.
6. We believe in the resurrection of both the saved and the lost: they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in Christ.

(Answering "No" does not prevent you from serving with us.)

Your Skills and Interests

1. Have you ever done any voluntary work before? Yes No

If you answered yes, please tell us a little about the experience.

2. Why do you want to volunteer now? What has motivated you to get in touch with us?

3. Do you have any particular skills or qualities that you could use in your voluntary work?

4. Are you applying for a specific position? Yes No

If yes, please write the following; Role name _____

5. What kind of voluntary work interests you?

- Board of Management
- Conference Planning Committee
- ICEA Promotions
- Conference Day Organization
- ICEA Office Operations
- Other (Please specify)

6. When are you available for voluntary work? Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

7. How long do you intend to volunteer for? _____
(note that some opportunities demand a minimum time commitment, ie. Board level roles)

8. Where do you wish to volunteer? _____

9. How did you find out about volunteering with ICEA?

- ICEA Website
- ICEA Conference
- Flyer / Poster
- Word of Mouth
- Internet www. _____
- Media: (please circle one)
Radio / Television / Newspaper
- Other _____

References

1.

Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

2.

Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

If you have any questions when completing this application form, please call the ICEA office at (248) 557-5526 or e-mail info@theiceaonline.org. If you would like to find out more about ICEA, log onto our website www.theiceaonline.org.

Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true. I agree with the expectation that honoring Christ is central to my role. Therefore, all my actions as a volunteer will respect, support and reflect a commitment to Jesus Christ as taught in the Holy Bible, as well as the mission and doctrinal statement of ICEA.

Signed _____ Date _____

For office use only

Notes

Volunteer Position _____

Volunteer Interview _____

Volunteer Role Description sent _____

References Collected _____

Volunteer Start Date _____

Parental Consent Form

Dear Parent(s), thank you for allowing your child to serve as a volunteer of the International Christian Education Association. Our mission is to equip Believers in the Lord Jesus Christ for life, leadership, and ministry. By completing the form below, you give ICEA permission to assign tasks to your child that will 1) provide experience in the various facets of organizing, promoting, and executing a Christian Education conference 2) provide community service hours that may be used to complete high school requirements, if requested.

Please answer every question. (If parent has more than one child participating, please complete a separate form for each child). Thank you!

First and Last Name of Child _____ Age of Child _____

Parent/ Guardian _____

Address: _____

City/ State /Postcode _____

Telephone (Home): _____ Mobile: _____

E-mail: _____

Does your child suffer from any medical conditions/allergies that the program should be aware of (including any current medication)? _____

Please provide details of medication that must be administered:

EMERGENCY CONTACT DETAILS: (If different from above)

Name: _____ Telephone no: _____

Relationship to child: _____

CONSENT (please read carefully)

- a) I agree to my son/ daughter taking part in the activities of the program.
- b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
- c) I understand that the ICEA activities may include a photography and video component in which my child may be both photographed and a photographer. I understand that these images are ICEA property and may be part of ICEA's current and future promotions.
- d) I understand that, if requested, my child will receive an evaluation of their volunteer service which may be used to meet community service requirements for completing high school.

I declare that the information I have provided is true. I understand that honoring Christ is central to my child's role. Therefore, all of his/her actions as a volunteer will respect and honor ICEA's commitment to Jesus Christ as taught in the Holy Bible, as well as its mission and doctrinal statement.

Signed _____ (Parent/ Guardian) Date: _____

If you would like your child to receive an evaluation of their volunteer service check this box.