

Application Form for Good News Volunteer Coach

Application Process

Our on-line Life Coach Training is open to all mature, Spirit-filled Christians, especially those that are in the helping professionals (therapists, psychologists, counselors, R.N.'s, psychiatrists, M.D., pastoral counselors, ministers, spiritual directors, etc.) who want to apply their training and skills to developing a coaching niche for youths and their families.

Your acceptance as our volunteer coach is based on your educational background, past experience and work history as well as your current situation. It will be an advantage if you have had experience and education/training in a helping profession. When accepted you will be given your own unique user name and password to access our secure training area.

If you believe that your experience and training qualifies you to be a life coach, please complete the application and we will evaluate your qualification.

I. Contact Information

Name: _____
Mailing Address: _____
Home phone: _____ Work phone: _____
Email (Website, if you have one): _____
Driver's License/State I.D. # _____

II. Work Experience

Current Work/Occupation: _____
Title: _____ Organization: _____
Name of church: _____
Name of Pastor: _____
Phone No: _____
Other References:

Name	Address	Phone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relevant Past Work Experience (Please list most recent, working backwards in time)

III. Relevant College/Advanced Training beginning with the most recent:

Institution Dates Focus of Learning Certificate or Degree

IV. Preparation for Coaching

Why are you interested in being a volunteer coach in our organization?

What activities or events in your life have helped to prepare you for coaching?

How would you describe your personal qualities that support your interest to become a volunteer coach?

Shift preferences and additional support:

List the days and shifts in order of your choice that you would like to coach

M___ T___ W ___ Thurs ___ Fri ___ Sat ___ Sun___

For Local Volunteers: 6-10 a.m. ___ 10-2:00 p.m. ___ 2- 6:00 p.m. ___

For International Volunteers: 6-10 p.m .PST ___ 10-2:00 a.m. PST ___
2-6:00 a.m. PST ___

Are you interested in volunteering in another areas? (Please circle)

Typing Mailing Phoning Publicity Social Planning Computers

Letter Writing Record Keeping Filing Printing Bookkeeping

Others Please specify: _____

According to the California State Law, volunteer coach does not have authority to advise anyone concerning any medical, psychological, or legal issues.

You do not have any permission from the administration of EYFMS, Inc to advise any called/client to stop taking their prescribed medications or therapies under any circumstances. Do not make such statements or even imply them. If you believe someone has received healing, physically or mentally, you must tell your client to return to the medical professional to get further advise or opinion.

Also, you should not presume to give legal advise of any nature, including divorce, lawsuits or adoptions.

The information contained in this application is correct to the best of my knowledge. I give permission to contact any references or church listed on this form. I agree to be bound by the constitution, bylaws and policies of **Emmanuel Youth and Family Mission Services, Inc.** and to refrain from inappropriate conduct in the performance of my services on behalf of the organization.

I further state that I HAVE CAREFULLY READ THE FOREGOING AND KNOW THE CONTENTS THEREOF AND I SIGN THIS IN MY OWN FREE ACT.

This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ Date _____

Evaluated by: _____

Approved by: _____

Date: _____