

COMPASSION CHILD ADVOCATE APPLICATION

About You

Date of Application _____ / _____ / _____
month day year

Complete and return this application to Compassion's Advocates Network in the enclosed envelope. Or fax it to (719) 481-1893. Within two weeks a Compassion representative will contact you to schedule a phone interview. Questions? Call (800) 336-7535.

COMPASSION SPONSOR NUMBER [five- to eight-digit number on your Compassion statement or child letters]

LAST NAME	FIRST NAME Circle one: S M L XL XXL	MIDDLE INITIAL	DATE OF BIRTH (M/D/Y) M F
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PREFERRED NAME	T-SHIRT SIZE	GENDER
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PERMANENT ADDRESS	CITY	STATE	ZIP
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ALTERNATE ADDRESS	CITY	STATE	ZIP
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WHEN AT THIS ALTERNATE ADDRESS? []	[]
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TELEPHONE NUMBER(S) DAY	EVENING
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BEST TIME TO CONTACT	Circle one: E-mail Telephone
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E-MAIL ADDRESS	PREFERRED COMMUNICATION METHOD
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OCCUPATION <input type="radio"/> Married <input type="radio"/> Single	EMPLOYER
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MARITAL STATUS	SPOUSE'S NAME
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NAMES OF CHILDREN LIVING WITH YOU:

NAME	NAME
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NAME	NAME
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LIST ANY FORMAL EDUCATION BEYOND HIGH SCHOOL

WHERE DID YOU HEAR ABOUT THE ADVOCATES NETWORK?

- ☐ Another Advocate ☐ Participated in a sponsor tour ☐ Compassion Web site ☐ Worked a concert or event
☐ Received a mailing or e-mail from Compassion ☐ Experienced Compassion Sunday
☐ Other _____

For Office Use Only

Received: _____

Interviewed: _____

Approved: _____

Adv. Number: _____

Sponsor Number: _____

ADVOCATES NETWORK



Colorado Springs, CO 80997
(800) 336-7535
compassion.com/advocates

“He defended the cause of the ... needy, and so all went well. Is that not what it means to know me?” declares the LORD” (Jeremiah 22:16).

I WOULD LIKE TO BE CONSIDERED FOR: (see Child Advocate Position Description) ☐ LEVEL I COMMITMENT ☐ LEVEL II COMMITMENT

THIS IS HOW I WOULD LIKE TO USE MY TALENTS, GIFTS AND/OR SPHERE OF INFLUENCE FOR COMPASSION:
Please rate each item 1–4. 1 = I would never want to do this. 2 = I'd be willing to give it a try. 3 = Yes, I'd like to do this. 4 = I'd like to make this a primary focus of my ministry.

- ☐ I WOULD LIKE TO BE A SPOKESPERSON FOR COMPASSION IN MY CHURCH.
- ☐ I WOULD LIKE TO REPRESENT COMPASSION TO MANY CHURCHES IN MY AREA.
- ☐ I WOULD LIKE TO BE A SPOKESPERSON FOR COMPASSION IN VARIOUS PLACES IN MY COMMUNITY.
- ☐ I WOULD LIKE TO PLACE DISPLAYS AND POSTERS IN BUSINESSES AND SCHOOLS.
- ☐ I WOULD LIKE TO STAFF THE COMPASSION SIGN-UP TABLE AT CONCERTS AND EVENTS.
- ☐ I WOULD LIKE TO REPRESENT COMPASSION ON COLLEGE CAMPUSES OR AT CHRISTIAN SCHOOLS IN MY AREA.
- ☐ I WOULD LIKE TO MAKE PHONE CALLS TO SPONSORS, CHURCHES AND OTHER ADVOCATES DURING SPECIAL CAMPAIGNS.

Church Information

We will send a packet with information about Compassion to the spiritual leader who knows you the best so he or she will know of your involvement with Compassion.

LOCAL CHURCH/FELLOWSHIP YOU ATTEND			
PASTOR (OR SPIRITUAL LEADER WHO KNOWS YOU)		POSITION, IF NOT SENIOR PASTOR	
E-MAIL ADDRESS []		[]	
DAY PHONE		EVENING PHONE	
CHURCH'S MAILING ADDRESS []	CITY	STATE	ZIP
PHONE NUMBER			

STATEMENT OF FAITH

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 the salvation of lost and sinful people 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 our Lord Jesus Christ.

Volunteer Statement

I certify that the answers provided are true and complete to the best of my knowledge. I have read and am in agreement with Compassion's Statement of Faith. Compassion may request and receive reports, records or other information necessary for a decision to accept or reject my volunteer status either before becoming a volunteer or after I begin volunteering as a Child Advocate.

I understand that I am volunteering to perform tasks and will not receive wages, salary or other forms of compensation or benefits. This includes, and is not limited to, payments for minimum wage, overtime hours, unemployment compensation, personal injury claims, property claims, property damage or other forms of loss resulting from volunteer efforts.

I also understand I may receive reimbursement for expenses and that these expenses will not be considered a form of compensation or benefits from Compassion International. Any expenses paid will be at the discretion of Compassion International.

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF GUARDIAN (if Advocate is under 18 years of age)	DATE