

# TEAM LEADER APPLICATION

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*Last Name* *First Name* *M.I.*

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*Male* *Female*  
*Gender* *Date of Birth*

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*Address* *City* *State* *Zip*

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*Employer* *Position*

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*Employer's Address* *City* *State* *Zip*

**Which Organization would you like to be a Team Leader with? (Check all that apply)**

Community Storehouse

Christian Community Action

Solutions of North Texas

**Briefly describe why you want to be a Team Leader.**

**Provide a brief summary of your testimony and explain why you think its important to serve the poor and marginalized.**

**Do you have any questions or concerns about the position?**

**Is there anything foreseeable in the coming six months that would prohibit you from completing your six-month term as a Team Leader? If so, please explain.**

**What training and resources would you find helpful for HFNT to provide you?**

# TEAM LEADER AGREEMENT

Team Leaders are the backbone of Hope for North Texas' volunteer network, whose value cannot be overstated. It is one of the most important roles within our organization! It is the Team Leader who will have the most direct contact with affiliate ministry staff and volunteers. We rely on our Team Leaders to keep their finger on the pulse of our affiliates, staying updated on the needs, projects and programs within these ministries so that we as an organization can know how to best serve them.

Thank you so much for your willingness to be such an integral part of our team!

## **Team Leader Agreement**

I understand and agree to commit myself to the roles and responsibilities of a Team Leader as described in the Team Leader Handbook and job description for a term of six months.

I commit to utilizing my God given talents and passions to the best of my ability in service to the volunteers whom I will oversee, to their leadership development, and for the good of the affiliate clients.

At the end of the six months, there will be an opportunity to recommit for another term or help train and transition a new Team Leader for **Hope for North Texas**.

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*Signature of Team Leader*

*Date*

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*HFNT Volunteer Coordinator Signature*

*Date*