



N.C.W.

NO CONDEMNATION WORLDWIDE

ADVOCACY • OUTREACH • OPPORTUNITY

People Deserve Opportunity... Not Just Judgment.

ROMANS 8:1

HOPE
ACCOUNTABILITY
OPPORTUNITY
POSITIVE CHANGE

Together We Rise

ADVOCACY TEAM APPLICATION

JOIN THE MOVEMENT • MAKE A DIFFERENCE • BE THE CHANGE



APPLICANT INFORMATION

Full Name: _____
 Date of Birth: _____
 Phone: _____
 Email: _____
 Address: _____
 City/State/ZIP: _____



EMERGENCY CONTACT

Name: _____
 Relationship: _____
 Phone: _____



ADVOCACY INTERESTS

Please check the areas where you would like to serve:

- | | |
|--|--|
| ☐ Community Outreach | ☐ Family Support |
| ☐ Prison/Re-Entry Outreach | ☐ Resource Navigation |
| ☐ Adult & Youth Services | ☐ Community Events |
| ☐ Prison Diversion/Re-Entry Support | ☐ Social Media/Public Relations |
| ☐ Activism & Advocacy | ☐ Fundraising & Sponsorships |
| ☐ Education & Opportunity | ☐ Volunteer Coordination |
| ☐ Public Awareness | ☐ Other: _____ |



WHY DO YOU WANT TO BECOME AN N.C.W. ADVOCATE?



WHAT EXPERIENCE, SKILLS, OR COMMUNITY CONNECTIONS CAN YOU BRING TO N.C.W.?



AVAILABILITY

☐ Weekdays ☐ Evenings ☐ Weekends ☐ Special Events



ADDITIONAL INFORMATION

Do you have reliable transportation? ☐ Yes ☐ No

Valid Driver's License? ☐ Yes ☐ No

Have you previously volunteered or worked with a nonprofit, advocacy, re-entry, youth, or community organization?

☐ Yes ☐ No

If yes, please explain:



N.C.W. ADVOCATE COMMITMENT

As an N.C.W. Advocate, I understand that I represent the mission of No Condemnation Worldwide. I agree to treat every individual with dignity and respect, protect confidential information, maintain appropriate boundaries, follow N.C.W. policies and safety procedures, and serve without discrimination or condemnation.

I understand that submitting this application does not guarantee acceptance or authorize me to represent N.C.W. until approved.

Applicant Signature: _____

Date: _____



FOR N.C.W. USE ONLY

- ☐ Application Reviewed ☐ Interview Completed
☐ Orientation Completed ☐ Approved ☐ Not Approved
☐ Background Check Required for Assigned Role

Assigned Program/Team: _____

N.C.W. Representative: _____

Date: _____

*Stronger People
Stronger Families*



833.707.3827



WWW.NCW.ORG



INFO@NCW.ORG

NO CONDEMNATION WORLDWIDE

"PEOPLE DESERVE OPPORTUNITY... NOT JUST JUDGMENT."

*Stronger Communities
Brighter Tomorrows*