



christianfellowshipcenter

BECOMING DISCIPLES ∞ MAKING DISCIPLES

Volunteer Ministry Form Application For Work With Children, Youth or Adults

This form is to be completed in ink by any applicant for a volunteer position within/involving Christian Fellowship Center's ministry. We recognize that this form is extensive, but ask for your patience in completing the form in its entirety. Your cooperation will assist church leaders in their efforts to provide a secure environment for you as a volunteer, as well as the children, youth and adults who participate in our ministry programs and use our facilities. Your responses will be confidentially maintained, although there may be circumstances where such information may be provided on a "need to know" basis to individuals working with our ministry and to other individuals in order to evaluate your application and/or comply with applicable legal requirements. If you prefer that your application only be viewable to the Pastors and Elders, please check the box below:

I would prefer that only the Pastors and Elders view my application.

NOTE: If you live in a state where laws exempt you from providing any of the information requested below, you do not need to answer the questions requesting such information. For example, you do not need to disclose information that is contained in sealed or expunged court records, or that involves criminal arrest that did not result in conviction.

Date: _____

Initial: _____

Personal Data

(please print clearly)

Name: _____
Last First Middle

If you have ever used other names, please provide complete name(s) and date(s) of use:

Name Date

Name Date

Social Security Number: _____ - _____ - _____ DOB: _____

Present Address: _____

City State Zip

Previous Address: _____

City State Zip

Email: _____

Home Phone: (_____) _____ Marital Status: _____

Spiritual History

- Are you a member of Christian Fellowship Center? Yes No
- If not, are you willing to attend a membership class? Yes No
- Do you attend CFC regularly (two or more services a month)? Yes No
- Have you been water baptized? Yes No
- Have you been baptized in the Holy Spirit? Yes No
- Have you attended the CSAP class? Yes No
- If you have attended a CSAP class what year did you attend? _____

In brief, please outline your spiritual journey, including when you received Jesus Christ as your Savior.

Have you taken any courses or received any training that would equip you for Christian ministry? If so, please list:

Ministry History

Please list the churches you have attended within the last five years.

1. Name: _____
Address: _____

Dates Attended: _____

Pastor's Name: _____

2. Name: _____

Address: _____

Dates Attended: _____

Pastor's Name: _____

3. Name: _____

Address: _____

Dates Attended: _____

Pastor's Name: _____

Please list present and previous ministry experience:

	Ministry	Pastor/Supervisor Phone
1.	_____	(____) _____
2.	_____	(____) _____
3.	_____	(____) _____
4.	_____	(____) _____
5.	_____	(____) _____

Qualifications and Availability for Service

Briefly share your motivation for wanting to serve in the ministries of this local church.

On what date would you be available to begin serving? _____

Describe any condition(s) or limitation(s) that might restrict or prevent you from performing certain activities involved in the volunteer position for which you are being considered (i.e. lifting, handling an emergency, driving, participating in certain sports, etc.).

Do you have a contagious or infectious disease or condition which could be transmitted to others in the volunteer work you would be performing? Yes No

If yes, please explain below.

What type of ministry do you prefer? Please check all categories that apply.

Age Level

- Nursery (0-2 yrs.)
- Early Childhood (2-5 yrs.)
- Elementary (6-11 yrs.)
- Youth (12-17/18 yrs.)
- College Age
- Adult
- Senior Adult

Ministry Interest

- Teaching S.S./Bible
- Teaching Assistant
- Food/Hospitality
- Worship Team
- Greeting/Ushering
- Nursery
- Children's Activities

Ministry Program

- Sunday School
- Children's Church
- Small Groups
- Youth
- Outreach
- Other: _____

Legal Questionnaire

1. Have you ever been convicted of a criminal offense (felony or misdemeanor, except for minor traffic violations)? You will need to answer "Yes" if you have entered into a plea agreement, including a deferred sentence or a deferred judgment arrangement, in connection with a criminal charge. Yes No

If you have been convicted of such an offense, please attach a statement or explanation, including the nature of offense, date, court where conviction was entered and any other relevant information.

2. Have you ever been convicted of a sexual offense, an offense relating to children, or a crime of violence (that is not covered in question 1 above)? Yes No
3. Have you ever been involved in a sexual activity with a minor, or a sexual offense toward a minor, or any criminal offense relating to a minor, regardless of whether you were accused, arrested or charged for that activity? Yes No
4. Have you ever been reported to a social service agency, law enforcement authority, child abuse registry or similar organization regarding abuse or misconduct involving children? Yes No

If yes, please explain:

5. Have you had a painful experience (personal abuse in any form) that has better equipped you, or may hinder you from productive ministry? Yes No

If yes, please explain:

6. Have you ever been subject to a civil lawsuit involving sexual misconduct, sexual harassment or other immoral behavior or conduct, involving adults or children? Yes No

If yes, please explain:

7. Have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other license held by you, including but not limited to a license to provide childcare or similar services? Yes No

If yes, please explain:

8. Have you ever been subject to disciplinary action, transfer or dismissal, or been named as a defendant in a civil lawsuit, as a result of an accident or mishap involving children?

Yes No

If yes, please explain:

9. Do you have any drug, alcohol or substance abuse problems? Yes No
If yes, please explain:

10: Do you practice a sexually pure lifestyle as taught in the Scriptures? Yes No

Volunteer References

Please give us the name and the mailing address of three individuals to whom we can send a letter of reference to:

1. Name: _____

Address: _____

_____ City _____ State _____ Zip

Phone: (_____) _____

2. Name: _____

Address: _____

_____ City _____ State _____ Zip

Phone: (_____) _____

3. Name: _____

Address: _____

_____ City _____ State _____ Zip

Phone: (_____) _____

Please check the appropriate line:

- I approve of having someone delegated by the pastors check the reference letter.
- I ask that my reference letters be checked by a pastor or elder only.

Applicant's Statement

The responses I have provided in completing this application form are complete, truthful and accurate. I hereby authorize Christian Fellowship Center (hereunto referred to as "the Church") to make inquiries concerning my background in connection with evaluating the information I have provided on this form and the application process, including criminal records check if deemed necessary by the Church. I hereby authorize all persons associated with me, including churches, employers, law enforcement agencies, licensing and social services agencies, to release any information contained in their files or records concerning me to the Church and its representatives.

In consideration of the receipt and evaluation of this application form by the Church, I hereby release Christian Fellowship Center and their directors, employees, agents, representatives and any other person or organization, including record custodians, that may release information concerning me both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family on account of inquiries concerning my background and any disclosures of information concerning me to Christian Fellowship Center.

I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I understand that my service with the Church shall be volunteer service. In addition, my volunteer service shall be at-will and the Church shall be entitled to terminate my services at any time, with or without cause or advance notice. I understand and agree that I am not an employee of the Church and that I have no expectation of future employment. As a volunteer, I have no entitlement to or expectation of compensation, health insurance or other employee benefits, or unemployment or workers compensation insurance benefits.

I affirm that I will strictly comply with all policies and procedures of Christian Fellowship Center. If at any time I find that for any reason I am unable to support the vision, policies, procedures, or doctrine of the Church, I will resign my volunteer position. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal, or in disciplinary action, all at the discretion of the Church. I will report any known or suspected child abuse or any other violation of policy to the senior pastor, a member of the church staff, an elder or the designated authority.

I HAVE CAREFULLY READ THIS RELEASE AND KNOW THE CONTENT OF IT, AND I SIGN THIS RELEASE AS MY OWN FREE AND VOLUNTARY ACT.

Applicant's Signature: _____ Date: _____

Applicant's Name (please print): _____