



DEAF MINISTRY TEAM MEMBER APPLICATION

GENERAL INFORMATION:

All personal information obtained in this application is held in strict confidentiality and will be only for the purpose of obtaining appropriate background information when required by Kindred Community Church and/or local and state governing agencies to insure the safest environment possible for those we are serving.

Full Name: (First) _____ (Middle) _____
(Last) _____

Date of Birth: ____/____/____ SSN: ____-____-____

Street Address: _____

Mobile Phone: _____ Home Phone: _____

Email: _____

Preferred Method of Contact: Text Email

Phone Carrier: _____

Marital Status: Single Married Widowed Divorced Separated

EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship: _____ Phone Number: _____

Name: _____

Relationship: _____ Phone Number: _____

CHURCH INFORMATION:

How long have you been attending Kindred? _____

Are you a member? Yes No In process

Please list other church ministries that you have been or are currently involved in:

REFERENCES:

Please list three references below from Kindred Community Church:

- 1. _____
- 2. _____
- 3. _____

LEGAL

Please answer the following questions completely. Any special concerns may be discussed individually with the leadership at Kindred. Your responses will be held in complete confidentiality. (Note: membership & a background check are only applicable if you are 18 or older)

1. Have you ever been convicted of a crime? Yes No

(If yes, please explain) _____

2. Have you ever been accused or convicted of child abuse and/or sexual molestation of a minor? Yes No

(If yes, please explain) _____

3. Have you ever gone through treatment for alcohol or drug abuse or are currently using any form of illegal drugs? Yes No

(If yes, please explain) _____

4. Are you willing to be background checked and/or fingerprinted for the State Bureau of Criminal Identification? Yes No

MINISTRY PREFERENCES:

I am interested in serving in the following area(s):

- Sermon/Event Interpreter
- Song Interpreters
- Welcome Tent Volunteer
- Worship Volunteer
- Note-Taker
- Workshop Volunteer
- Community Outreach Volunteer
- Patio Pal
- Sub
- No Preference

ADDITIONAL INFORMATION:

Do you have any previous experience with the Deaf Community?

- Yes
- No (If yes, please explain below)

Previous Experience/Exposure: _____

Level of ASL:

- Fluent
- Enough to communicate
- Basic
- None

Availability:

- Twice a month
- Every Week

I heard about the Deaf Ministry through:

- Family Member/Friend
- Attending Main Service
- Video Announcement
- Church Bulletin
- Church Website/Social Media

ACKNOWLEDGEMENT:

The information contained in this application is correct to the best of my knowledge. I understand that the personal information in this application will be held confidential by Kindred Community Church. By signing this application, acknowledge that I have read this information in its entirety and agree to comply to all that was stated above.

Signature: _____ Date: _____