



Volunteer Application

The information contained in this application will be disclosed only to those who have a genuine need to know in order to carry out their responsibilities for/in Hope Community Church, or as required by law.

PLEASE PRINT OR TYPE

Name: _____
(First) (Middle Initial) (Last) (Maiden)

Address: _____

Birthday: _____

Line 2: _____

Phone (Home): _____

City: _____

Phone (Mobile): _____

State: _____

Phone (Work): _____

Zip Code: _____

Email: _____

Occupation: _____

Marital Status: Check all that apply. Single Married Divorced Widowed Separated

If married, spouse's name: _____

Children's names and ages (if any):

How long have you attended Hope Community Church? _____

Are you a member of Hope Community Church? Yes No

If yes, how long have you been a member? _____

Yes No Do you agree with our Statement of Faith?

Yes No Do you agree with Hope's Leadership Guidelines?

Yes No Do you agree to abide by the Staff Behavior Standards?

SPIRITUAL JOURNEY

Feel free to use the back to answer the questions.

Do you have a personal relationship with Jesus Christ? Please explain your answer in detail.

How would you respond if someone asked you, "How can I become a Christian?"

What do you do to grow in your relationship with Jesus?

MINISTRY EXPERIENCE

Please describe any previous and current ministry experience at *Hope Community Church*.

<i>Ministry</i>	<i>Brief Description</i>
1. _____	_____
2. _____	_____
3. _____	_____

Please describe your ministry experience (if any) at *other churches*.

1. Church Name: _____ **Phone Number:** _____
Supervisor: _____
Ministry Experience: _____

2. Church Name: _____ **Phone Number:** _____
Supervisor: _____
Ministry Experience: _____

List any skills or interests:

List any education, training, or experience that has helped you prepare for this ministry:

In order to ensure the health, safety, and security of our children and students, we screen our volunteers.

Please check the appropriate answers below so we may discuss how this may impact your serving in Students Ministries.

Yes No **Health Problems:** Do you have any health problems (disabilities, physical limitations, etc.) that might affect your work with students?

Yes No Have you ever tested positive for HIV?

Yes No **Addictions:** Do you have any problems with drugs, alcohol, pornography, or any other addiction, or has anyone ever suggested that you may have a problem with any of these things?

Yes No **Conviction Record:** Do you have an arrest record?

If yes, please explain:

Yes No **Child Abuse:** Have you ever been convicted or accused of physical abuse, sexual abuse, neglect, molestation, or exploitation of a minor?

Recognizing that abuse is a traumatic event in a person's life, and realizing that by God's grace a victim can find healing, if you are a victim of abuse who has not worked through your pain, the pastoral staff is here to assist you. Please feel free to call.

PERSONAL REFERENCES

No relatives, please.

1. Fellow employee or volunteer co-worker:

Name: _____

Home Phone: _____

Nature of Association: _____

Work Phone: _____

2. Social friend or neighbor:

Name: _____

Home Phone: _____

Nature of Association: _____

Work Phone: _____

AUTHENTICITY & AUTHORIZATION

I authorize Hope Community Church or its representatives to make any and all appropriate inquiries regarding my background, and I release the church and its representatives from any liability which may result from such actions.

The information included in this profile is correct to the best of my knowledge.

Signature: _____

Date: _____

Hope Community Church

1806 Harrisburg Avenue

Mount Joy, PA 17022

717-653-7168