Name_____

First Middle Name Last

FIRST ASSEMBLY OF GOD
SHARE THE LIFE

Adult Worker

VOLUNTEER
MINISTRY APPLICATION

Instructions:

1. Complete Application and list references.
2. Complete and sign the National Criminal Background Release form.
   Social Security numbers are required and kept confidential.
3. Fill in but do not sign the NH Criminal Record Release Authorization form: *This form needs to be notarized.
   Pastor Matt Ellis can notarize it at no charge, and some banks do it for no charge providing you have an account with them.
4. Enclose a copy of your driver's license.
5. Watch the child protection video by going to www.manchesterassembly.org/hidden
   Watch the video and follow the instructions to email the office that you viewed it.
6. Turn in your application directly to the office.

First Assembly of God, 45 Myles Drive, Auburn NH 03032
PH 603.483.2272 Fax: 603.483.2291 Email:info@manchesterassembly.org
www.manchesterassembly.org

Name: _____(_____)
Last First Mi Maiden

Home Phone: _____ Cell: _____ Email:_____

What is your Occupation: _____ Please circle all that may apply: I am single I am married

I am/have been divorced I am/have been widowed I am a single parent I am Active Duty Military or a US Veteran

If married what is your spouse's name? _____ When is your anniversary? _____/_____/_____

Please list an emergency contact: _____ Relationship to you:_____

Emergency contact's cell phone: _____ Email: _____

Do you have a personal relationship with Jesus Christ? ☐ No ☐ Yes For how long? _____

How long have you attended First AG? _____ What Ministries are you connected or involved in?

_____

_____

What church did you attend before here (if applicable)? *Please list name, location and Pastor.*

_____

List any experience, training, education, or gifts that would be a benefit working in ministry:

_____

Answering yes to the following questions may not necessarily preclude your involvement in ministry:

1. Do you use alcohol? ☐ No ☐ Yes Explain:_____
2. Do you use illegal drugs? ☐ No ☐ Yes Explain:_____
3. Have you ever been hospitalized or treated for alcohol or substance abuse? ☐ No ☐ Yes Where:_____
4. Have you ever been arrested for a criminal offense excluding minor traffic offenses? ☐ No ☐ Yes When:_____
5. Have you ever been accused, arrested, or convicted for any sexually related crimes? ☐ No ☐ Yes When:_____
6. Have you ever been accused, arrested, or convicted for any abuse related crimes? ☐ No ☐ Yes When:_____
7. Are there any circumstances involving your life style or background that would call into question your ability to work with children, such as cohabiting as an unmarried couple? ☐ Yes ☐ No If yes please explain: _____

Should any of the above become an issue after your approval, a 1 year waiting period may be implemented after which you will be re-interviewed.
Excludes questions 5 & 6; First AG has a "zero tolerance" policy regarding any abuse-related crimes.

I have viewed the Worker Training Video? ☐ Yes: Date: _____
To view go to www.manchesterassembly.org/hidden to access the video.

What ministry of First AG are you completing this volunteer application for?

_____

Applicants Signature: _____ Date: _____

PERSONAL REFERENCES

(Must be <u>non-relative</u> over the age of 18 whom you have known for 2 or more years)

1. Name: _____ Relationship to you: _____

Home Phone: _____ Cell Phone: _____ Email:_____

Office Use Only:

Date and Time of Contact: _____ _____ _____ _____

Method of Contact (please circle): Phone Call Voicemail Message Personal Conversation Letter

How do they know applicant?_____

How long have they known them? _____ Do they recommend them to work with kids/youth? _____

2. Name: _____ Relationship to you: _____

Home Phone: _____ Cell Phone: _____ Email:_____

Office Use Only:

Date and Time of Contact: _____ _____ _____ _____

Method of Contact (please circle): Phone Call Voicemail Message Personal Conversation Letter

How do they know applicant?_____

How long have they known them? _____ Do they recommend them to work with kids/youth? _____

3. Name: _____ Relationship to you: _____

Home Phone: _____ Cell Phone: _____ Email:_____

Office Use Only:

Date and Time of Contact: _____ _____ _____ _____

Method of Contact (please circle): Phone Call Voicemail Message Personal Conversation Letter

How do they know applicant?_____

How long have they known them? _____ Do they recommend them to work with kids/youth? _____

National Criminal Background Release Form

☐ **I have included a copy of my Drivers License**

_____ _____ _____

Name (printed) Social Security Number Date of Birth

Address_____

Street City State Zip

How Many Years have you lived at this address? _____

If less than 5 years, Please list previous address and number of years:

Address_____

Street City State Zip

I hereby authorize First Assembly of God to perform a criminal background check (including, but not limited to, sex offender record) as per policy before volunteering with children under age 18 at First AG. I further authorize that this background check may be performed every 5 years upon renewal of certification, or as often as deemed necessary during the course of my volunteering.

_____

Signature/Date

New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME_____
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS_____
STREET CITY STATE ZIP CODE

DATE OF BIRTH_____ HAIR COLOR_____ EYE COLOR_____ SEX_____

DRIVER LICENSE NUMBER_____STATE_____

PURPOSE FOR RECORD: ☐ Housing ☐ Employment ☐ Annulment/Expungement ☐ Other_____
Specify

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE:_____ DATE_____
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED **TO YOU, OR** RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

_____
NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS_____
STREET CITY STATE ZIP CODE

YOUR SIGNATURE_____DATE_____

NOTARY'S SIGNATURE_____ DATE_____
(AffixSeal) **(Comm Exp.)**

_____DATE_____
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

APPLICANT CHECKLIST **(For office use only)**

Date Application Received: _____

Applicant's Name: _____

National Criminal Background Check: _____

NH Background check completed: _____ (submitted on _____)

Megan's Law/Sex Offenders List: _____

Worker Training Video Date: _____

Reference Names: _____

_____

_____

Pastor approval: Date_____ By _____

Comments:

_____

_____

Recorded in Excel Spreadsheet: _____

Recorded in Church Management Software: _____

Dept. Leader Notified by email on: _____