



christianfellowshipcenter

BECOMING DISCIPLES ∞ MAKING DISCIPLES

Volunteer Personnel 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 Fellowships 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 maintained confidentially, 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 Pastors and elders, please indicate on this cover page.

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

Date _____

Personal Data (please print)

Name _____
Last First Middle

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

Name Date

Name Date

Social Security Number ____ - ____ - ____ Home Phone (____) _____

Present Address _____

Address

City State Zip

Email address _____ Date of Birth _____

Marital Status _____

Previous Address _____

Address

City State Zip

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 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/date_____ No

In a brief paragraph, please outline your spiritual journey, including when you received Jesus Christ as 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 and the ministry organizations in which you have participated within the last five years

1. Name: _____
Address: _____
Phone: (____) _____
Dates Attended: _____
Pastor's Name: _____
2. Name: _____
Address: _____
Phone: (____) _____
Dates Attended: _____
Pastor's Name: _____
3. Name: _____
Address: _____
Phone: (____) _____
Dates Attended: _____
Pastor's Name: _____

Please list present and previous ministry experience:

- Ministry
1. _____
 2. _____
 3. _____
 4. _____

Pastor/Supervisor Phone

- (____) _____
(____) _____
(____) _____
(____) _____

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? _____

Describe any condition or limitation 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 circle 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
Administration
Music
Disabilities Ministries
Arts, Crafts
Games, Activities/Drama

Ministry Program

- Teaching
Children's Church
Club Ministries
Youth or Small Groups
Outreach
Summer Ministries
Others: _____

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 nature of offense, date, court where conviction was entered and any other relevant information.

2. Have you ever been convicted of a sexual offense, offense relating to children or crime of violence (that is not covered in question 1 above)? Yes No
3. Have you ever been involved in 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 services 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 a productive ministry? Yes No
If yes, please explain.

6. Have you ever been subject of 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 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 of any 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: _____
Phone: (____) _____
2. Name: _____
Address: _____
Phone: (____) _____
3. Name: _____
Address: _____
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 HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENT OF IT, AND I SIGN THIS RELEASE AS MY OWN FREE AND VOLUNTARY ACT.

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 worker's compensation insurance benefits.

I affirm that I will strictly comply with all policies and procedures of Christian Fellowship Center including but not limited to its Safe Place Plan. If at any time I find that for any reason I am unable to support the vision, policies, procedures, or doctrine of this 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 other violation of policy to the senior pastor, a member of the church staff, an elder or the designated authority.

Applicant's Signature: _____ Date: _____

Applicant's Name (please print): _____