

New Hope Church - Volunteer Application Form

CONFIDENTIAL

This application is to be completed by all applicants who desire to serve in a volunteer capacity at New Hope Church. This is not an employment application form. Persons seeking a position in any ministry, as a paid employee, will be required to complete an employment application in addition to this screening form. The purpose of this form is to help the church provide a safe and secure environment for all those who participate in our programs and use of our facilities.

GENERAL INFORMATION

Date_____

First Name_____ Last Name _____

Address_____ City_____ ST_____

Home Phone () _____ Work () _____

Cellular Phone () _____ Best way to reach you: _____

E-Mail Address _____

MINISTRY INFORMATION

1. Have you personally accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you?
☐ Yes
☐ No
2. Are you are a member of New Hope Church?
☐ Yes If yes, since when: Month_____ Year_____
☐ No
3. Do you regularly attend services?
☐ Yes If yes, when did you begin attending? Month_____ Year _____
☐ No
4. Do you regularly attend a Bible Study, small group or have quiet time with the Lord?
☐ Yes
☐ No

5. In what area (s) of ministry are you currently involved? _____ How Long? _____

6. If you have served in other churches, what areas of ministry do you have experience in serving?

7. Tell us about your spiritual journey to date:

8. **(FOR THOSE APPLYING TO WORK DIRECTLY WITH CHILDREN)** I have chosen to work with the children because:

9. If there has been alcohol, drug abuse, and physical or sexual abuse in your family background, what steps have you taken to minimize the impact that those issues will create for you, both now and in the future?

EMPLOYMENT HISTORY

Current Employer _____

Address _____ City _____ St _____ Zip _____

Supervisor _____ Phone Number _____ Current Position _____

MILITARY SERVICE

Branch _____ Rank _____ Discharge _____

PERSONAL/FAMILY

1) Marital Status

- ☐ Single
- ☐ Married
- ☐ Widowed
- ☐ Divorced

2) Do you have children of your own?

- ☐ Yes
- ☐ No

Ages _____ Gender _____

3) Have you ever been arrested, convicted or pleaded guilty to a crime?

- ☐ Yes
- ☐ No

If yes please explain

4) Have you ever been suspected, accused, charged, or alleged to have, or have you ever committed an act of neglecting, abusing or molesting a child?

- ☐ Yes
- ☐ No

If yes please explain:

5) Is there any circumstance or pattern in your life that may make it inappropriate for you to work with children?

- ☐ Yes
- ☐ No

If yes please explain:

REQUEST FOR CRIMINAL BACKGROUND RECORDS CHECK AND AUTHORIZATION

Criminal, Driving Record, and Volunteer Information Disclosure and Consent

By signing below, I authorize New Hope Church to obtain information, written, oral or other, from any law enforcement agency, consumer reporting agency, or other persons with knowledge of such information, bearing on my character, general reputation, personal characteristics, mode of living, criminal background, and driving background. NEW HOPE CHURCH reserves the right to conduct this investigation at any time.

Print Name _____

Print Maiden Name _____

Date of Birth _____

Place of Birth _____

Driver's License Number _____

SS # _____

Signature _____ Today's Date _____

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give **New Hope Church and its representatives** any information (including opinions) they have regarding my character and fitness to volunteer and or work with the church and any and all associated ministries of New Hope Church. I authorize the release of information contained in this application to any ministry of **NEW HOPE CHURCH** in which I seek a position (volunteer or compensated). In consideration of the receipt and evaluation of this application by **NEW HOPE CHURCH** I hereby release any individual, church, children's organization, charity, employer, reference, or any other person or organization, including records custodian, 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 the account of compliance or any attempts to comply, with this authorization. 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.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the church. I understand that at any time for any reason my volunteer status can be altered and or terminated by the appointed leadership of New Hope Church.

I am aware that my name, address, telephone number, and e-mail address will be distributed to a New Hope Church Volunteer Team Leader/Pastor/ or representative as needed. I give this information voluntarily and knowingly.

I further state that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE OF MY OWN FREE ACT. This is a legally binding agreement I have read and understand.

Applicant's Signature _____ Date _____