



# ADULT VOLUNTEER APPLICATION

**CONFIDENTIAL**

Thank you so much for expressing interest in serving at Connect Church. This application is to be completed by all applicants (volunteer or compensated) who are involved in the supervision or custody of minors, the elderly, or individuals with disabilities. The purpose of this form is to help the church provide a safe and secure environment for the individuals who participate in our programs and use our facilities. To maintain our commitment to excellence, we set high standards in the areas of safety and security. Thank you for helping us preserve a safe environment as we comply with federal regulations.

After you submit this application, you will receive a secure email to authorize the processing of your background check. Please submit that authorization in a timely manner to expedite the processing of your application. Information contained within the application and background check will remain confidential and will be disclosed only to those individuals needing to know in order to carry out their responsibilities for Connect Church, or disclosed as required by law. We thank you for understanding and look forward to ministering together.

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M F  
                                    First                                    Middle                                    Last

Date of Birth: \_\_\_\_\_ Marital Status: Single Married Widowed Divorced

Spouse's Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Do you have children of your own? Yes No

*Please share with us their names, ages, and genders (if applicable):*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Which one of these options best describes you?

- I am a ministry partner of Connect Church and regularly attend services.
- I regularly attend services at Connect Church.
- I regularly attend services at another church. Name of church: \_\_\_\_\_
- I have not yet found a church or I don't attend church regularly.

What is your understanding of why God would welcome you into heaven when you die?

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What do you do on a regular basis to keep your spiritual life fresh and authentic?

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What types of volunteer ministry are you involved in now or have done in the past?

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Describe the areas God has gifted you in and skills you are willing to use:

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## **INTERESTS**

I would be interested in serving with the following ages/areas:

- Nursery     Preschool     Elementary Children     Middle School     High School  
 Senior Adults     Individuals with Special Needs     Safety Team

I would be interested in discussing the following ways to serve:

- Teacher     Classroom Assistant     AWANA     First Impressions/Greeter     Singing/Leading Worship  
 Tech Team     Paid Childcare (during special events)     Special Needs Buddy     Computer Work/Office Help  
 Chaperone for Youth Events     Safety Team     VBS     MOPS Childcare     Camp  
 Other: \_\_\_\_\_

I would be interested in serving at the following times:

- Sundays (first service)     Sundays (second service)     Sundays (afternoons/evenings for special events)  
 Wednesdays evenings     Other: \_\_\_\_\_

## **REFERENCES**

Please list three people who have known you for at least one year and who would be able to attest to your character and to your ability to work with the age groups you have indicated above. Please include a current church leader and do not include relatives or employees.

Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_ (mo/yr)

Email Address: \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_ (mo/yr)

Email Address: \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_ (mo/yr)

Email Address: \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

The following information is personal. Please know it will remain confidential and will be considered in light of the life-changing, healing power of God's grace. If you answer yes, please explain on the bottom of this page. All explanations will be read and prayed over, and may merit follow-up with a staff pastor.

Have you ever been convicted of or pleaded guilty to a crime? Yes No

Have you ever been convicted of, been accused of, or committed any act of physical abuse, sexual abuse, neglect, molestation or exploitation of a minor? Yes No

Is there any circumstance or pattern in your life that may make it inappropriate for you to work with children?  
Yes No

### **AUTHENTICITY AND AUTHORIZATION**

Please read each paragraph and initial. Then sign your name at the bottom.

\_\_\_\_\_ The information contained in this application is correct to the best of my knowledge. I understand my application will be revoked if found to contain false, misleading, omitted, or fraudulent information.

\_\_\_\_\_ I authorize any references or churches listed in this application to give Connect Church any information (including opinions) they have regarding my character and fitness for work with minors, the elderly, or individuals with disabilities.

\_\_\_\_\_ I agree to authorize a criminal background check, which will be emailed to me after this form has been received. I will complete the authorization in a timely manner.

\_\_\_\_\_ I authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in criminal files maintained on me, whether local, state, or national. I hereby release local, state, federal, or military agencies from any and all liability resulting from such disclosure.

\_\_\_\_\_ I authorize the release of information contained in this application to any ministry of Connect Church in which I seek a position (volunteer or compensated).

This is a legally binding agreement I have read and understand.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_