



Volunteer Application

GENERAL INFORMATION

Name: _____ Date of Birth: _____
Last First Middle

Address: _____
Street Address City State Zip Code

Home phone: () _____ E-mail address: _____

Work phone: () _____ Cell Phone: () _____

Marital Status: Single Married Separated Divorced Widowed

Please circle the ministry you want to serve/are serving in:

Nursery (Infants-Age 1) Toddlers (Ages 2 &3) Ages 4-5 Grades Kindergarten-1st
Grades 2nd-5th Safety Team Host Team Curriculum Team Wherever I am most needed!

T- Shirt Size: Small Medium Large X-Large 2X- Large 3X- Large

BACKGROUND INFORMATION

Please briefly describe when and how you accepted Jesus Christ as your personal Lord and Savior?

How long have you attended our church? _____

What church did you attend previously, if any? _____

Please list all previous ministry experience or other church volunteer involvement:

PERSONAL INFORMATION

The following information is very personal. Please know that this information will remain confidential and will be considered in light of the life-changing and healing power of Jesus Christ. An answer of "yes" on any question will not automatically disqualify you from volunteering. We desire to be as informed as possible about each volunteer and understand how God has worked in your personal life. Thank you for your vulnerability.

1. Have you ever been convicted or pleaded guilty to a crime (except minor traffic violations)?

Yes No

2. Have you ever been convicted, accused of, or have you ever committed any act of physical abuse, sexual abuse, neglect, molestation, or exploitation of a minor?

Yes No

3. Is there alcohol abuse, drug abuse, physical or sexual abuse in your family background?

Yes No

4. Is there currently any physical abuse, neglect, alcohol or drug abuse in your life or home?

Yes No

5. Have you or anyone else ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction?

Yes No

6. Torch Church has a policy against volunteers using illegal drugs, abusing prescription medication and/or alcohol, and knowingly having access to any form of pornography. Do you have any habits or tendencies that will undermine your ability to follow this policy?

Yes No

7. Have you ever been treated for a psychiatric disorder?

Yes No

8. Are there any circumstances or patterns in your life which would make it inappropriate for you to volunteer or which would compromise the integrity of Torch of Faith Church?

Yes No

If you answered yes to any of these personal information questions, please explain:

REFERENCES

Volunteers over the age of 18, please list two (2) people who have known you for at least one year who would be able to attest to your character and to your ability to work with children. References should not be family members.

1. Name: _____ Phone: () _____ Email: _____

2. Name: _____ Phone: () _____ Email: _____

Permission to Obtain a Background Check

(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least two years after requesting a background check.) I, the undersigned applicant (also known as "consumer"), authorize **Fierce Church** through its independent contractor, First Advantage, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records. I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **Torch of Faith Church**, if such a request is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")

Print name: _____

First

Middle

Last

Current Address: _____

Street/P.O. Box

City

State

Zip Code

Former Address: _____

Street/P.O. Box

City

State

Zip Code

Social Security Number: _____ Date of Birth: _____

**** Failure to complete this form in entirety will delay the Fierce Church volunteer application process****