



Ministry Volunteer Application

(Christian Education/Youth Ministry, Nursery, Parking Lot, Armor Bearer, etc.)

Today's Date: _____

Mr. Mrs. Ms.
(Circle one above) Last Name _____ First Name _____ MI _____

Membership Join Date: _____ - _____ - _____

Maiden name and/or other names used _____

Home Address: Street _____ Apt. # _____

City _____ State _____ Zip Code _____

DOB: _____ Home Phone # (____) _____ Cell Phone # (____) _____

E-mail Address _____

In case of an emergency please contact:

Name: _____ Relationship: _____

Daytime phone number: _____ Cell Number: _____

Do you have any personal health issues that would impact your ability to volunteer in the Youth Ministry? Yes No
(for example allergies, medication issues, disabilities, special needs, or being treated for a medical condition)
If yes, please either list here or speak personally with the Ministry Leader/Director or Assistant.

Name of previous church _____ Church Phone # _____

City _____ State _____ Former Pastor: _____

Position/s held at former church: _____

Certificates & Training: (check any that apply)

___ CPR Most Recent Date _____ Certifying Agency _____

___ First Aid Most Recent Date _____ Certifying Agency _____

Other Certification: _____

Language Skills: Do you speak any language other than English? (Including sign language)? Yes No

If yes, which language? _____ Fluently? Yes No

Position (s) Applying for: Teacher/Facilitator/Teaching Assistant, Nursery Assistant, Parking Lot Attendant, Bus/Shuttle Driver, Small Group Leader, Storyteller, Administrative support, event coordinator, craft facilitator, etc...

Cross Word Christian Church Ministry Volunteer Application

Do you have a **valid** California Driver's License or Identification Card? Yes No

Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor? Yes No

If yes, describe any and all offenses you were involved in:

Have you ever been convicted of a felony? Yes No If yes, describe all convictions for the past five years:

When did you make your profession of faith in Christ? _____

References: List three persons, not related to you, whom you have known at least one year.

1.	Name	Address	Phone
2.	Name	Address	Phone
3.	Name	Address	Phone

Applicant Statements: (Please read and initial each statement)

- ____ The information contained in this application is correct to the best of my knowledge.
- ____ I authorize references or churches listed in this application to provide information (including opinions) they may have regarding my character and fitness for working with children.
- ____ I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice.
- ____ I waive any right I may have to inspect references provided on my behalf.
- ____ Should my volunteer application be accepted, I agree to be bound by the Bylaws and Policies of Cross Word Church and to refrain from unscriptural conduct in the performance of my volunteer service on behalf of the church.
- ____ I further state that I have carefully read the foregoing release and know the content thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ **Date** _____

Witness _____ **Date** _____

Do not write below this line

Interviews by: _____ Date of Interview: _____

Remarks: _____

Background check complete: Yes No Does background contain any derogatory information: Yes No
Approved as Volunteer in Christian Education: Yes No