

Men's Ministries Volunteer Application

"As For Me and My House, We Will Serve the Lord." – Joshua 24:15

"Iron Sharpeneth Iron; So a Man Sharpeneth the Countenance of his Friend." – Proverbs 27:17

This application is to be completed by all those desiring a volunteer ministry position in the Men's Ministry. It is being used to help the church provide a safe and secure environment for those individuals who trust us and participate in our programs.

All information is vital. Please give complete answers.

Questions? Please contact _____ via the church office at (____) ____ - ____.

Personal Information

Name _____
Last First Middle Birth Date: Month _____ Day _____ Year _____

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

Email Address: _____

Do you have any medical training or are you CPR certified? _____

Marital Status _____ Spouse _____

Children (names and ages) _____

Hobbies and interests _____

Employment Information

Employer _____

Address _____

City _____ State _____ Zip Code _____

Work Phone (____) _____

Type of work you do _____

Personal Faith Information

How has Christ transformed your life? _____

Are you a regular attender of _____ Church? _____ Yes _____ No

If yes, when did you begin as a regular attender? (Month/Year) _____

Please check the service or groups you regularly attend:

Saturday __: __pm Sunday __: __am Sunday __: __pm Wednesday __: __pm Other _____

Leadership Information

What leadership/volunteer experience have you had? Previous church work or other work involving adult ministries? (Identify place, type of work, supervisors).

List any gifts, training, education, or experience you have that would pertain to working with adults:

The greatest strength I bring to Men's Ministry is:

The greatest weakness I bring with me to Men's Ministry is:

The questions listed below are a part of our interview process in order to help provide a safe and secure environment for our Men's Ministry; Pastoral Staff and Men's Ministry Leadership hold all information strictly confidential. Answering yes to any of the questions may not necessarily preclude your involvement in the Men's Ministry. Thank you for your cooperation.

Is there any circumstance or pattern in your life which would make it inappropriate for you to serve with the Men's Ministry or would compromise the integrity of _____ Church? _____ Yes _____ No

Are there any circumstances involving your lifestyle or your background that would call into question your ability to work with the Men's Ministry? _____ Yes _____ No

Have you had any experiences in your life that better equipped you for a productive ministry with the Men's Ministry? _____ Yes _____ No

Have you ever been denied the opportunity to work in a ministry at any other church or institution? _____ Yes _____ No

Have you been under treatment for any physical or psychological conditions over the past two years?

_____ Yes _____ No

Are there any physical or personal factors which may limit your responsibilities in the Men's Ministry?

_____ Yes _____ No

If you answered yes to any of the questions, please explain: _____

Please complete and sign the attached Authorization and Release Form.

The information contained on this application is correct to the best of my knowledge. I understand that any omission of material fact on this application may be grounds for rejection of this application. I give permission for this information to be updated periodically as needed.

Should my application be accepted, I agree to cooperate with the church staff and Men's Ministry Leaders. I will follow the policies of _____ Church and I will refrain from unscriptural conduct in the performance of my services on behalf of _____ Church Men's Ministry.

Signature _____ Date _____

A copy of your criminal history information will be requested from the appropriate authorities. If you would be willing to personally offset part of this cost, please include a check for \$10 made out to _____ Church with your completed application. Fee enclosed? Yes No Check # _____

***** For Office Use Only *****

2) Background Check Received: _____

3) Further follow-up indicated: _____

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 _____ Church through its independent contractor, _____, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include 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 _____ Church, if such 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: _____

A copy of your criminal history information will be requested from the appropriate authorities. If you would be willing to personally offset part of this cost, please include a check for \$10 made out to _____ Church with your completed application. Fee enclosed? Yes No Check # _____

Identifying Information for Background Information Agency

Print Name: _____

First

Middle

Last

Other Names Used (alias, maiden, nickname): _____

Current Address: _____

City: _____ State _____ Zip: _____

County: _____ Dates: _____

Former Address: _____

City: _____ State _____ Zip: _____

County: _____ Dates: _____

Social Security Number: _____ Phone: _____

Driver's License Number: _____ State of Issuance: _____

Date of Birth: _____ Gender: _____