

Volunteer Application

This application is to be completed by persons, age 18 and older, for any position at Life Center working with or supervising minors. This step of application aids in providing a safe and secure environment for all preschool, elementary, and youth students who participate in our ministries.

GENERAL INFORMATION	INFORMATION Today's Date://		
Full Name:	ull Name:		
Address:			
City:			
Date of Birth://	Home Phone: _	Cell	Phone:
Occupation:		Work Phone:	
Employer:			
Email:			
MARITAL STATUS (Circle)			
Single EDUCATION	Marriod	Divorced Year Graduated:	
Single EDUCATION High School:		Year Graduated:	
Single EDUCATION High School: College/Trade School:		Year Graduated: Year Gradu	uated:
Single EDUCATION High School: College/Trade School: Degree:		Year Graduated: Year Gradu	uated:
Single EDUCATION High School: College/Trade School: Degree: Other Education:		Year Graduated: Year Gradu	uated:
		Year Graduated: Year Gradu	uated:

SPIRITUAL HISTORY
Write a brief testimony about how and when you became a Christian.
PERSONAL BACKGROUND
In caring for students, we believe it is our responsibility to seek an adult volunteer who is able to provide healthy, safe, and nurturing relationships.
Please answer the following questions. Any special concerns can be discussed individually with the pastoral staff.
Are you using illegal drugs?
Have you ever gone through treatment for alcohol or drug abuse? If yes, please describe.
Have you ever been a victim of any form of child abuse?
If yes, would you like to speak to a counselor or pastor?
Have you ever been accused of, charged with, indicted for or pled guilty to any form of child abuse
Have you ever been accused of, charged with, indicted for or pled guilty to a felony?
CHURCH INVOLVEMENT How long have you attended Life Center?
Are you a member?

Do you believe in Jesus Christ as your personal Lord and Savior?			
Descri	ibe any other ministry/church experience	you have had.	
Why d	lo you want to minister to preschool, child	.	
What a	are some of your expectations of the stud	ent ministry staff?	
Please staff of 1.	f Life Center. (reference name) (reference email) (relationship with this reference) (reference name) (reference email) (relationship with this reference) (reference name)	s. Please do not list family members or ministerial	
The information reference character evaluating provided Center, state the free act	ces or churches listed in this application to provide er and fitness for working with students. I release ions, provided they do so in good faith and without d on my behalf. Should my application be accepted and to refrain from any unscriptural conduct in the at I have carefully read the foregoing release and	the best of my knowledge. I, the undersigned, authorize e information (including opinions) they have regarding my all such references from any liability for furnishing such at malice. I waive any right I may have to inspect references ed, I agree to be bound by the bylaws and policies of Life e performance of my services on behalf of the church. I further know the content thereof and I sign this release as my own a read and understand. I understand that the personal the full-time church staff.	
	Signature	Date	



Volunteer Leadership Covenant

It's ultimately important that Life Center volunteers be Christians who are trusted by church staff, parents, youth and children. Therefore, consider these top qualifications supported by Life Center, initial your agreement to each statement, and sign it below.

1. Be a believer in Jesus Christ as Lord and Sa	avior and be baptized.
2. Be an involved member of Life Center (atter groups).	nd worship services and small
3. Participate in personal Bible study.	
4. Maintain a Christian lifestyle based on the q found in I Timothy 3:8-10 "worthy of respect, si and not pursuing dishonest gain. Keeps hold of a clear conscience."	incere, not indulging in much wine
5. Believe and teach the Bible as God's inspire	ed, inerrant Word.
6. Attend leadership meetings and training ses	sions.
7. Support lead pastor and staff.	
8. Complete the Volunteer Staff Application.	
9. Consent to a background screening.	
10. Understand that you must have a short into with which you would like to serve before you	
Signature	Date



DISCLOSURE and AUTHORIZATION - BACKGROUND CHECK

In connection with my application for employment or to serve as a volunteer with Life Center, I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Life Center for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-3195581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Life Center or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

	TODAY'S DATE			
Signature		Non-day of the		
LAST NAME	FIRST NAME			
HOME ADDRESS				
CITY	COUNTY	STATE ZIP		
SSN	D/L or STATE ID	STATE ISSUED		
	List Other Names Used			
EMAIL ADDRESS	•			
For <u>identification</u> purpo	ses only, please provide FUL	.L DOB:		