

VOLUNTEER APPLICATION

MUST BE 18 YEARS OR OLDER TO APPLY.

MINISTRY APPLYING FOR PLEASE PRINT CLEARLY.			DATE			
				ATTACH PHOTO HERE		
Name						_
Address						
City		Sta		ZIP		
Home Phone				Work Phone		
Mobile Phone						
DOB				Marital Status		
If married, how long?						
Spouse's Name						
When did you accept Jesus						
How long have you been a						
Please list what area of mir	nistry you	wo	uld lik	e to volunteer in.		
Please list volunteer or min	istry expe	erie	nce at	other church or organi	zations.	
Occupation			E	mployer		

Which service(s) do you attend?

*Sunday 7:30a.m *Sunday 9:30a.m *Sunday 11:30a.m *Wednesday 12:00 *Wednesday 7:00p.m.

Qualifications & Responsibilities

- 1. Have attended Bethel's Family Church regularly for a minimum of 3 months.
- 2. Attend ministry orientations, training, and meetings as provided.
- 3. Function within the guidelines and procedures for the ministry to which you are applying.
- 4. Maintain a godly lifestyle, be an example as a leader in the body of Christ, and maintain a vibrant, growing relationship with Jesus through regular reading of the bible, prayer and church attendance.
- 5. Be in agreement with teaching and ministry of Bethel's Family Church.

Accept the authority of God's Word Pastor August, and the appointed ministry leadership team.

Give three personal adult references that have known you for at least three years and not relatives or former employers.

1.	Phone	Email				
2.	Phone	Email				
3.	Phone	Email				
	ALL VOLUNTEERS PLEASE FILLOUT THIS PORTION					

Criminal, Driving Record, and Volunteer Information Disclosure and Consent

By signing below, I authorize Bethel's Family Church to obtain information, written, oral or other, from any law enforcement agency, consumer reporting agency, or other persons with knowledge of such information, bearing on my character, general reputation, personal characteristics, mode of living, criminal background and driving background. Bethel's Family Church reserves the right to conduct this investigation at any time.

I am aware that my name, address, telephone number, and e-mail address will be distributed to my Volunteer Team Leader. I give this information to my Volunteer Team Leader voluntarily and knowingly.

The information I have given is correct and you may verify the information listed if necessary. I understand that I am a volunteer at will and that Bethel's Family Church reserves that right to disqualify me from my volunteer position for any reason deemed appropriate. I hereby release and hold Bethel's Family Church harmless from all claims arising under this application.

Signature		Date		
Full Name		DOB		
Social Security	Y	ense#		
Please list the City	most recent cities and County	counties in which you State	u have lived: Years lived	there
			From	То
				

COMPLETION OF THIS FORM DOES NOT CONSTITUTE ACCEPTANCE IN A MINISTRY POSITION. ALL APPLICANTS
WILL BE PRAYERFULLY CONSIDERED. THANK YOU FOR YOUR WILLINGNESS TO SERVE.

FOR OFFICE USE ONLY

Approved by: Origin Date:	Date:	
Reviewed By:	Comments:	