

Volunteer Ministry Application

Thank you for applying to serve as a volunteer at Calvary Chapel Mountain Home. Everyone involved in any ministry at Calvary Chapel Mountain Home is required to have an active Ministry Application on file. Please be aware that if your volunteer service involves contact with minors, a background check is conducted randomly on any applicant as a matter of church policy for the protection of the children God has entrusted to our care. The information provided below is confidential and will be reviewed only by those necessary for approval and placement.

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS BELOW

Name _____ ☐ Male ☐ Female
(First) (Middle) (Last)

Maiden or Other Names Used: _____ Date of Birth: _____

Marital Status: ☐ Married ☐ Divorced ☐ Remarried ☐ Single ☐ Engaged If Married How Long _____

Address _____

City/State _____ Zip _____ How Long? _____

Previous Address _____

City/State _____ Zip _____ How Long? _____

Cell # _____ Home # _____ Email _____

Employer _____ How Long? _____

Name(s) & Age(s) of Children _____

What ministry are you interested in serving in? _____

REFERENCES

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, roommates, associates, etc. who are collectively aware of your activities outside of your workplace, school, or neighborhood, and have known you for at least the last 4 years. Do not list family or relatives.

All Social Media Links:

NAME: _____ CITY: _____ STATE: _____ DATES KNOWN FROM: _____ TO: _____

PHONE: _____ EMAIL: _____ RELATIONSHIP: _____

NAME: _____ CITY: _____ STATE: _____ DATES KNOWN FROM: _____ TO: _____

PHONE: _____ EMAIL: _____ RELATIONSHIP: _____

NAME: _____ CITY: _____ STATE: _____ DATES KNOWN FROM: _____ TO: _____

PHONE: _____ EMAIL: _____ RELATIONSHIP: _____

SPIRITUAL BACKGROUND

Tell us about your current relationship with Jesus

Is Calvary Chapel Mountain Home your home church? _____ Where did you attend before?

Area(s) Served In Previous Church _____

Are you regularly attending Calvary Chapel Mountain Home? _____ If so, how long have you been attending? _____

Reflecting on 1 Corinthians 12, what spiritual gifts do you believe God has given you to serve others?

Is there any other information you think would be helpful for us to know? _____

The information contained in this application is correct to the best of my knowledge. I authorize Calvary Chapel Mountain Home to make any reasonable efforts to gather information regarding my character and fitness for ministry. In consideration of the receipt and evaluation of this application by Calvary Chapel Mountain Home, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Applicant's Signature _____

Print name _____ Date _____

BACKGROUND CHECK CONSENT FORM

I, _____, hereby authorize Calvary Chapel Mountain Home and/or its agents to make an independent investigation of my background, character, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my employment and/or volunteerism with Calvary Chapel Mountain Home.

I release Calvary Chapel Mountain Home and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

| | | | |
|-------------------|---------|----------|--------|
| Full Name Printed | (First) | (Middle) | (Last) |
|-------------------|---------|----------|--------|

Social Security #

| |
|---------------------------------|
| Maiden Name or Other Names Used |
|---------------------------------|

| Present Street Address | How Long At This Address? |
|------------------------|---------------------------|
|------------------------|---------------------------|

City / State _____ Zip Code _____

| Former Street Address | How Long At This Address? |
|-----------------------|---------------------------|
|-----------------------|---------------------------|

City / State _____ Zip Code _____

Date of Birth

Signature
Date