

VOLUNTEER APPLICATION

Personal Information (please print)

All of your information is kept private and confidential and will only be viewed by pastoral staff.				
Name (Include maiden name):				Date:
Address :				
Date of Birth:	Gender: Ma	le Female	Marital Status:	Single Married
Home Number:		Cell Numbe	er:	
Email Address:				
Social Security Number:				
Driver's License Number:			State Licensed	In:
Preferred way to be contacted:	Phone / Email	Best time to	o be contacted:	
What ministries are you currently involved in:				

References

	t: are not related to you; are over the age o rs, if possible, one reference should be from	
Name:		Years Known:
Address:		
Phone Number:	Email:	
Name:		Years Known:
Address:		
Phone Number:	Email:	

Background Information

Have you ever been convicted of, pled guilty or no contest to a crime other than a minor traffic violation? Yes / No				
If yes, please explain, including the name of the crime(s), the date and disposition of the case(s):				
Are you presently facing charges for any criminal offense? Yes / No				
If yes, please explain:				

Faith Commitment

Briefly describe your relationship with God?

How long have you attended Bethel and do you consider this your home church? If not, where do you attend regularly?

Volunteer Position

Please circle all that you are interested in serving in:

Nursery
Medía Team
Worshíp Team
Community Groups
Young Explorers
Student Ministry
Hospítality Team
Nursing Home
Sunday School
Building Maintenance
Special Events
Other: _______

Volunteer Availability

I can volunteer on:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
I am able to serve the	following	times: a.m	hours	p.m. hours	Weekdays	s We	eekends

Volunteer Experience

Have you ever volunteered before? Yes /	No Have you ever volunteered with minors?	Yes / No			
Position and description of responsibilities:					
What abilities, interests, and work experience do you have that you feel could be utilized at Bethel?					

Volunteer Agreement

I certify that this volunteer application was completed by me and that all of the information is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that this volunteer application is not valid without my signature.

By signing this form, I authorize any references or churches listed on this application to give you any information (including opinions) that they may have regarding character and fitness to volunteer at Bethel Assembly of God. . In addition, I release and discharge the church and its agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information.

Parent/Guardian Signature (if minor):

Date: