



Christ Presbyterian Church

VOLUNTEER APPLICATION

This Volunteer Application is being used to help Christ Presbyterian Church provide a safe environment for those who participate in our ministry and use our facilities.

PERSONAL INFORMATION

1. NAME: _____ Date: _____
Last First Middle
2. Area(s) in which you desire to serve:
____ Youth Ministry
____ Nursery
____ Vacation Bible School
____ Sunday School
____ Junior Church
____ Special Needs
____ Other
3. Present Address: _____ How long at present address? _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Former Address: _____ Former Address: _____
4. Social Security Number: _____ Date of Birth: ____/____/____ Gender: _____
State of Birth: _____ Country of Birth: _____
Race: _____
Other Name: _____ Maiden Name: _____
Married Name (1): _____ Married Name (2): _____
5. Have you ever been convicted of or plead guilty to a crime other than a minor traffic violation or are there any charges currently pending against you?
Yes _____ No _____ If yes, please explain: _____

6. Have you ever been addicted or concerned that you were addicted to illegal drugs, alcohol, pornography, or another harmful substance? Do you presently use any illegal drugs or substance?
Yes _____ No _____ If yes, please explain: _____

CHURCH BACKGROUND AND MINISTRY WORK WITH CHILDREN/YOUTH

1. Present Church Membership: _____ How long? _____

Address if other than Christ Presbyterian Church: _____

*Must be a member or regular attendee for at least six months. Nonmembers must have a brief interview with the Senior Pastor or his designee.

2. Briefly explain why you are interested in being involved in the Youth and/or Children's Ministry:

3. Please list two character references (non-relatives). They must have known you for at least one year.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

4. If you are and/or have been involved in transporting youth to church activities such as outings, field trips, camps, etc., please attach a copy of your Driver's License.

AUTHORIZATION AND RELEASE

Read carefully:

In consideration of the receipt and evaluation of this application by Christ Presbyterian Church, I agree and represent that the information contained in this form is correct to the best of my knowledge. I authorize Christ Presbyterian Church and/or its agents to make an independent investigation of my background, reference, character, driver history, past employment, 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 qualifications as a volunteer now and, during my tenure as a volunteer with Christ Presbyterian Church.

I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. I hereby release any individual, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization excepting only the communication of knowingly false information. I further state that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

This is a legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original.

Applicant's Signature: _____

Date: _____

Please remit to:

Christ Presbyterian Church
Attention: Church Secretary
350 Henley Road
Richmond, IN 47374



Christ Presbyterian Church

Nursery Ministry Worker Questionnaire

Please Complete and Return to the Church Office

Full Legal Name: _____

Current Address: _____

Phone(s): _____

Email(s): _____

Facebook Name (if applicable): _____

Please circle your contact preference(s):

Phone

Text

Email

Facebook

US Mail

How often would you like to serve in the Nursery? Please circle all that apply:

Monthly

Bi-Monthly

Once per Rotation

Substitute Only

Circle preference(s) of Service:

Worship Service (10:30 AM)

Both

Sunday School (TBD)

Either

Have you read the Nursery Policy and Procedures? Please circle:

Yes

No

Comments & Questions:

Thank you!

The Nursery Committee