



## Volunteer Application

Thank you for taking time to share about yourself. We want you to know that the following information will be kept absolutely confidential, shared only with the pastor overseeing that ministry. Completion of this form is required of all volunteers involved in ministry at First Assembly. Please do not be put off by the nature of the questions. Our primary concern is for our children and their well-being, as well as protecting our volunteers. Please note that your answers may *not* disqualify you from ministry. Since your ministry area(s) will likely involve youth in your proximity, we are protecting you, as well as the young people in our church, by obtaining this information. We appreciate you and your heart for ministry. **Thank you for your time! All information is necessary.**

**Please check the ministry area(s) you are applying for:**

Ministry area	√	Ministry area	√
Altar Team Ministry		Angel Food Ministry	
Children's Ministries		Higher Grounds Coffee Shop Ministry	
Drama Team Ministry		House of Prayer Ministry	
Landscaping Team Ministry		Life Group Leader	
Marriage Mentorship Ministry		Men's Ministries	
Missions Team Ministry		Nursery Ministry	
Preschool Ministry		Pastoral Care Ministry	
Prayer Warriors Ministry		Prime Time (50+)	
Security Team Ministry		Production Ministry	
Singles Ministry		Usher Team Ministry	
Welcome Team Ministry		Worship Ministry	
Women's Ministries		Youth (AMP'D, FUEL) Ministry	
Young Adult (LIFT) Ministry			

### General Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address (No PO Box) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Length of time at this address \_\_\_\_\_ E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ *(Your application can't be processed without this. If you prefer, you may phone the number to Kathy in the office).*

Work Status: \_\_\_\_\_ Part time \_\_\_\_\_ Full time \_\_\_\_\_ Student \_\_\_\_\_ Retired

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Single Again \_\_\_\_\_ Separated \_\_\_\_\_ Other \_\_\_\_\_

## Personal and Spiritual History

How did you become a Christian?

Have you been baptized in water?  Yes  No

If you are married, is your spouse a believer?  Yes  No

Does he/she attend church with you?  Yes  No

What do you do when you have a conflict with someone?

Are there any special issues or concerns happening in your life right now that would have an impact on your commitment and involvement in ministry (i.e. relationships, concerns regarding First Assembly or its leadership, ministry outside First Assembly, other commitments, etc)?

## Legal/Lifestyle

It is the goal of First Assembly Cedar Rapids to create a safe and secure environment for all volunteers who are involved in church activities. To facilitate this emphasis, it is necessary to gather pertinent information from those who may serve around our minors. This information will be used for the sole purpose of helping the church provide a safe and secure environment for everyone. Please answer every question. Any special concerns can be discussed individually with the pastoral staff.

Do you now, or have you used alcohol, tobacco or illegal drugs in the last 12 months?  Yes  No

Have you ever undergone treatment for alcohol or drug use?  Yes  No

If "yes," to either question above, please elaborate.

Have you intentionally viewed pornography in the past 12 months?  Yes  No

If "yes," please elaborate

Have you ever been accused, convicted of, or committed any form of abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(i.e. sexual, child, domestic, etc.)

If yes, please describe:

Have you ever been a victim of any form of abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", would you like to discuss this matter with a pastor or counselor? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Ministry**

How long have you attended First Assembly Cedar Rapids? \_\_\_\_\_

Are you a member? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Considering (Membership is *not* a requirement for serving)

Please list the date and the activities of any past ministry involvement and the reason(s) for ending that ministry.

Date started                      Ministry/Activity                      Date ended      Reason for ending

References

PLEASE COMPLETE ALL OF THE FIELDS BELOW. YOUR APPLICATION CANNOT BE PROCESSED IF INCOMPLETE, *we do check your references.* References *cannot* be immediate family members.

1. Name \_\_\_\_\_ Years known \_\_\_\_\_  
 Relationship \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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2. Name \_\_\_\_\_ Years known \_\_\_\_\_  
 Relationship \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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3. Name \_\_\_\_\_ Years known \_\_\_\_\_  
 Relationship \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to First Assembly or its representatives to release any and all records or information. By my signature below, I authorize the Church to contact my references or submit my name for screening on an *annual basis* in order to verify my suitability as a volunteer worker. I understand that the personal information in this application will be held confidential by the professional church staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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For office use only:

\_\_\_\_\_ Attendance records to Pastor  
 \_\_\_\_\_ Date approved  
 \_\_\_\_\_ Pastor signature  
 \_\_\_\_\_ Position of service

Revised 8/08