



VOLUNTEER MINISTRY APPLICATION

Please place this application packet in the Forms/Applications box located in the foyer.

Position Applied For:

General Information

Last Name		First Name			
Address					
City		State/Zip			
Home Phone		Cell Phone		Work Phone	
Email		Date Of Birth			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Single	Spouse's Name	Maiden Name (Or other names you've gone by)
Anniversary Date		Number of Children		Hobbies	
Present Employer		Occupation		May We Call You At Work?	

Church Background

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of Christian Life Church?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you regularly attend Christian Life Church? How long have you attended?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you tithe on a regular basis to Christian Life Church?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your spouse in agreement with you working in a Christian Life Church Volunteer Ministry?			
List other churches you have attended regularly during the last five years.				
Church Name		Dates Attended		
City		State		Pastor
Reason For Leaving				
Church Name		Dates Attended		
City		State		Pastor
Reason For Leaving				

Desired Involvement (check all that apply)

Adult Ministries:

- | | | |
|---|--|--|
| <input type="checkbox"/> Ushers | <input type="checkbox"/> Musician/Singer | <input type="checkbox"/> Children's Ministry |
| <input type="checkbox"/> Greeters | <input type="checkbox"/> Audio/Video | <input type="checkbox"/> Youth Ministry |
| <input type="checkbox"/> Security | <input type="checkbox"/> Choir | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Office Volunteer | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Men's Ministry |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Small Groups | <input type="checkbox"/> Prison Ministry |
| <input type="checkbox"/> Prayer | <input type="checkbox"/> Teacher | |

Children's Ministries

- | | | | |
|----------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Pre-School | <input type="checkbox"/> Toon Town (SRK) | <input type="checkbox"/> Audio/Visual |
|----------------------------------|-------------------------------------|--|---------------------------------------|
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Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information they may have regarding my character and fitness for Volunteer Ministry. I release all references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I have to inspect the references provided on my behalf. Should my application be accepted, I agree to be bound by the constitution, by-laws and policies of Christian Life Church and to refrain from unscriptural conduct.

Applicant's Signature	Date
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For Office Use Only

Referrals contacted:	Date:	Time:
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Contacted By:	Date:	Time:
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<input type="checkbox"/> Approved for Ministry	<input type="checkbox"/> Not Approved for Ministry	Date
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SIGNATURE OF APPROVAL:

COMMENTS:
