



# VOLUNTEER APPLICATION

Please complete pages and sections as requested. Provide comprehensive detail where requested. If additional space is required, continue on reverse of relevant page.

All volunteers must complete this page.

## Volunteer Position

Volunteer Job Title: ..... Shift/Hours Available: .....

Preferred Age Group, if applicable: .....

## Personal Information

Last Name: ..... First Name: ..... Middle Initial: .....

Address: .....

City: ..... State: ..... Zip: .....

How long at this address?: ..... Driver's License: ..... (please include copy)

Home Phone: ..... Work Phone: ..... Cell Phone: .....

Date of Birth: ..... [ ] Male [ ] Female

Email: .....

Marital Status: [ ] Single [ ] Married [ ] Divorced [ ] Widowed [ ] Separated [ ] Living Together

Spouse's Name: .....

### CHILDREN:

Name: ..... Age: ..... Name: ..... Age: .....

Name: ..... Age: ..... Name: ..... Age: .....

Name: ..... Age: ..... Name: ..... Age: .....

Emergency Contact: .....

## Employment/Education

Employer: ..... Telephone: .....

Address: .....

City: ..... State: ..... Zip: .....

Your Position: ..... [ ] Full Time [ ] Part Time

Supervisor Name: .....

College Attended: .....

Dates: From: ..... To: ..... [ ] Full Time [ ] Part Time [ ] Graduate

Degrees Attained: .....

.....



**Self Assessment**

What are your hobbies, special skills or areas of interest? List any special gifts, training, education or other factors that would enable you to work with children or youth:

.....  
.....

Do you have any medical training?: [ ] Yes [ ] No Are you CPR certified?: [ ] Yes [ ] No Date: ...../...../.....

If Yes to either of the above, please state where this training/certification took place: .....

Do you have any health conditions or limitations that might impact your capacity to work in the position that you are interested in?

(Examples: Unable to climb stairs, unable to drive at night, unable to lift (e.g. babies):

.....  
.....

Have you ever been arrested, convicted of, or pleaded guilty to a crime (exception - minor traffic violations)?: [ ] Yes [ ] No

Have you consumed illegal drugs or abused prescription drugs in the past 7 years?: [ ] Yes [ ] No

Have you ever used hallucinogenic drugs?: [ ] Yes [ ] No

Have you ever committed physical or sexual abuse or molestations of another?: [ ] Yes [ ] No

Do you ever abuse alcoholic beverages?: [ ] Yes [ ] No

Are there significant situations which we should be aware of or sensitive to that might question your ability to work with children or youth? (Example: "burned out" in past ministry; moral struggles; addiction to pornography; past abuse; drug usage: arrests; convictions; major spiritual doubts; etc.):

[ ] Yes [ ] No

Please expand on any of the above answers where you responded as NO: .....

.....  
.....

What is your standard in the following areas?

Drugs: .....

.....

Alcohol/Tobacco: .....

.....

Sexual Purity: .....

.....

**References**

**PERSONAL**

Name: .....  
Address: .....  
City/State/Zip: .....  
Phone Number: .....  
Relationship: .....Number of years known: .....

**MINISTRY**

Name: .....  
Address: .....  
City/State/Zip: .....  
Phone Number: .....  
Title: .....Number of years known: .....

**PROFESSIONAL**

Name: .....  
Address: .....  
City/State/Zip: .....  
Phone Number: .....  
Company: .....  
Position: .....Number of years known: .....

**OTHER (optional)**

Name: .....  
Address: .....  
City/State/Zip: .....  
Phone Number: .....  
Company: .....  
Position: .....Number of years known: .....

 Applicant's Release

The information contained in this application is correct to the best of my knowledge. I authorize Bridges Community Church to conduct a thorough inquiry into all areas deemed necessary in order to determine my ability and appropriateness for volunteer service with children or youth. I understand that all educational, driving and criminal public record information relating to my application may be examined.

In consideration of the receipt and evaluation of this application by Bridges Community Church, I specifically release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including custodians of records, both collectively and individually, 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. 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.

I consent to be fingerprinted and to release those prints to any California law enforcement agency for personal identification and release of relevant criminal records information.

Should my application be accepted, I agree to be bound by the By-Laws and policies of Bridges Community Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Applicant Signature: .....

Date: ...../...../.....