Volunteer Application

Information contained within this form will remain confidential and will be disclosed only to those individuals needing to know in order to carry out their responsibilities for The Chapel, or as required by law. Please fill out this form as accurately and honestly as possible and return it to your ministry leader.

GENERAL INFORMATION

Name: _____ Date of Birth: _____
Last First Middle

Address: _____
Street Address City State Zip Code

Home phone: ( ) _____ E-mail address: _____

Work phone: ( ) _____ Cell Phone: ( ) _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Emergency Contact Name: _____ Phone Number: _____

If Married, Spouse's Name: _____

Any Children's Names & Ages: _____

Occupation/Company: _____

MINISTRY INFO

Campus: _____ Chapel Staff Member Requesting Application: _____

Submitting application for: ☐ Care Ministry ☐ Children's Ministry ☐ Facilities ☐ First Impressions ☐ Jail

☐ Office ☐ Students ☐ Weekend Experience (Tech) ☐ Worship ☐ Other: _____

Area you are serving in ministry(s): _____

BACKGROUND INFORMATION

1. Do you regularly attend The Chapel's weekend service? ☐ Yes ☐ No

   If yes, since when? _____

2. Are you a part of a small group at The Chapel? ☐ Yes ☐ No

   Small group leader: _____

3. Please list your previous church affiliations, including length of time attended: _____

_____

4. Please describe any previous ministry experience or pertinent training (Prior experience and/or training are not prerequisites to volunteer participation at The Chapel):

_____

_____

5. Have you committed to trust and follow Jesus as your personal Lord and Savior?

   ☐ Yes ☐ No ☐ Not sure

PERSONAL INFORMATION

The following information is very personal. Please know that this information will remain confidential and will be considered in light of the life-changing and healing power of Jesus Christ. An answer of "yes" on any question will not automatically disqualify you from volunteering. We desire to be as informed as possible about each volunteer and understand how God has worked in your personal life. Thank you for your vulnerability.

1. Have you ever been convicted or pleaded guilty to a crime (except minor traffic violations)?

   ☐ Yes ☐ No

2. Have you ever been convicted, accused of, or have you ever committed any act of physical abuse, sexual abuse, neglect, molestation, or exploitation of a minor?

   ☐ Yes ☐ No

3. Is there alcohol abuse, drug abuse, physical or sexual abuse in your family background?

   ☐ Yes ☐ No

4. Is there currently any physical abuse, neglect, alcohol or drug abuse in your life or home?

   ☐ Yes ☐ No

5. Have you or anyone else ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction?

   ☐ Yes ☐ No

6. The Chapel has a policy against volunteers using illegal drugs, abusing prescription medication and/or alcohol, and knowingly having access to any form of pornography. Do you have any habits or tendencies that will undermine your ability to follow this policy?

   ☐ Yes ☐ No

7. Have you ever been treated for a psychiatric disorder?

   ☐ Yes ☐ No

8. Are there any circumstances or patterns in your life which would make it inappropriate for you to volunteer or which would compromise the integrity of The Chapel?

   ☐ Yes ☐ No

If you answered yes to any of these personal information questions, please explain:

_____

_____

_____

_____

_____

_____

_____

_____

_____

APPLICANT'S STATEMENTS

By signing below, I am verifying the following:

1. I agree and am willing to abide by The Chapel's statement of faith while serving in any ministry at The Chapel (statement of doctrine in The Chapel Volunteer Handbook).

   ☐ Yes ☐ No

2. I acknowledge that I have received a copy of The Chapel's Volunteer Ministry Handbook (available at www.chapel.org)

   ☐ Yes ☐ No

   I acknowledge that I have read this handbook and agree to follow the policies. I agree to implement the policies at all times while serving as a volunteer at The Chapel. If for any reason I can not implement or follow these policies I will immediately discuss.

   ☐ I have already read the policies and agree to follow them

3. The information contained in this application is true and correct to the best of my knowledge. I give permission, if necessary, for The Chapel personnel/ministry leaders to contact any references given as well as church leadership. I authorize the release of the information contained in this application to any ministry at The Chapel in which I seek a position. I waive any right I may have to inspect any information provided about me by any person or organization identified by me in this application.

4. In consideration of the receipt and evaluation of this application by The Chapel, I hereby release any individual, church, youth organization, employer, reference or any other person or organization from any and all liability for damages which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization.

By signing below I acknowledge and agree with the above statements.

Print name here: _____

Applicant's signature: _____ Date: _____

The next page is a background release form. It is necessary to have this information to complete The Chapel volunteer application process. Failure to submit requested information, such as your social security number, will only delay the application process. Please understand that we treat your personal information and application in a sensitive and secure manner.

Permission to Obtain a Background Check

(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least two years after requesting a background check.)

I, the undersigned applicant (also known as "consumer"), authorize **The Chapel** through a independent contractor, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **The Chapel**, if such a request is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

Identifying Information for Background Information Agency (also know as "Consumer Reporting Agency")

Print name: _____
First Middle Last

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
Street/P.O. Box City State Zip Code County Dates

Former Address: _____
Street/P.O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____ Date of Birth: _____ Gender: ____

***** Failure to complete this form in entirety will delay The Chapel volunteer Application process *****