



CONFIDENTIAL VOLUNTEER APPLICATION

Your Ministry of interest: _____
Please print all information and do not omit any answers. Please be sure to read and sign the last page.

Personal Information

Name: _____ Maiden/Other Names: _____
Last First Middle Initial

Sex: M F Date of Birth ____/____/____ SS# ____-____-____
Month Day Year

Current Mailing Address: _____
Street City State Zip

Previous Mailing Address: _____
Street City State Zip

Have you ever lived outside of Indiana? Yes No If so, when: _____ and what state _____
If so, when: _____ and what state _____
If so, when: _____ and what state _____

Phone Numbers: Home: _____ Cell: _____

Primary Email Address: _____

Current Employer: _____ Phone: _____
Position: _____

References

Please give four (4) references with whom you have had sufficient contact over the past five (5) years.

•• Please do not use GCC staff members or relatives.

•• If you are under the age of 18, please keep in mind that you must use adult references.

1. Name: _____ Relationship: _____
Address: _____ Email address: _____
Street City State Zip

Home Phone: _____ Best time to call: _____

Work Phone: _____ Best time to call: _____

2. Name: _____ Relationship: _____
Address: _____ Email address: _____
Street City State Zip

Home Phone: _____ Best time to call: _____

Work Phone: _____ Best time to call: _____

3. Name: _____ Relationship: _____
Address: _____ Email address: _____
Street City State Zip

Home Phone: _____ Best time to call: _____

Work Phone: _____ Best time to call: _____

4. Name: _____ Relationship: _____
Address: _____ Email address: _____
Street City State Zip

Home Phone: _____ Best time to call: _____

Work Phone: _____ Best time to call: _____



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Personal Background

1. When working in your ministry of interest, are there any medical conditions that would prevent you from performing certain types of activities? Yes No

If yes, please explain: _____

2. Have you ever been accused and/or convicted of domestic violence, pornography, child abuse, molestation, or any other sexual or assaultive crime related to persons?

Yes No

3. Have you ever been counseled for any of the situations described in number two (2) above?

Yes No

4. Would you like a staff member to call you to discuss your answers regarding the above questions?

Yes No

Note: If you marked yes to question 2, you will need to talk to the Children's & Youth Minister in order to be cleared to work with children at Georgetown Christian Church.

Church History

How long have you attended services at GCC? _____ Are you a member? Yes No

In what ministries or activities are you participating in at GCC? _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to Georgetown Christian Church or its representatives to release this information to the agencies required to obtain a complete background check.

The church may also contact my references. I authorize any references listed to give you any information they may have regarding my character and fitness for work within the church. I release all such references from liability from any damage that may result from such evaluations to you and I waive any right to inspect these references.

I authorize Georgetown Christian Church to perform a criminal records check now and as needed in the future to update my records for arrests, convictions, or other information the County Department of Corrections, the State Justice Cabinet, and any other local, state, or federal criminal enforcement agency may have regarding me and release such information to Georgetown Christian Church.

I release Georgetown Christian Church and the above mentioned agencies from any liability or damages resulting from the release of this information. I waive any present or future claims of privacy resulting from the release of this information for qualifications of volunteer work at Georgetown Christian Church.

Applicant's Signature

Date

Applicant's Printed Name

Please return this form to the
GCC office in a sealed envelope.
9420 State Road 64 Georgetown, IN 47122