



## **VOLUNTEER APPLICATION**

### **Partnering with parents to lead the whole family into a growing relationship with Jesus Christ.**

Thank you for volunteering to serve in Calvary Chapel's Children's Ministry! We are blessed to have you and truly many hands make light work. Please take a moment to consider the vision for this ministry below, and to answer the questions within this packet. If you have any questions, please contact [triciamorris@calvarychapel.com](mailto:triciamorris@calvarychapel.com) or at (423) 653-6251.

#### **INFANTS - 1 Years Old: (LOVE)**

Leaving your baby can be an overwhelming experience. These volunteers LOVE babies and are there to care for all of the needs of your infant. We want your child's first impression of God's house to be that of LOVE.

#### **2 Years Old - Kindergarten: (EMBRACE)**

We look forward to teaching your children to EMBRACE that God loves them, God made them, and that God's Word is true.

#### **1st - 5th Grades: (TRUST)**

We want kids to TRUST God no matter what, and see how God's Word fits into their lives. We want them to learn how to talk to Him, and to build a relationship with God that will last.

#### **Research shows....**

- A person's moral foundation is generally in place by age 9.
- Lifelong behaviors and views are generally developed before children become teens.
- Most American's make a lasting determination of Jesus Christ by age 12.
- 85% of children who do not receive the Lord before age 14 will never accept Christ as Savior.

**“Train a child how to live the right way.  
Then even when he is old, he will still live that way.”  
*Proverb 22:6 (International Children's Bible)***

## Volunteer Application

NAME (First, Middle, Last): \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant's SS No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Drivers License No.: \_\_\_\_\_ State Issued: \_\_\_\_\_

Address (Current): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Where are you employed? \_\_\_\_\_

Full-time / Part-time

Full-time Mom

Have you ever been convicted of or pleaded guilty to a crime? Yes No If yes, what of & when?

\_\_\_\_\_

Have you ever been accused, arrested or convicted of child abuse, neglect, or a crime involving actual or attempted sexual molestation of a minor or other sexually related crime? Yes No If yes, please explain.

\_\_\_\_\_

Have you ever used illegal drugs? Yes No If yes, when?

\_\_\_\_\_

Are there any circumstances involving your lifestyle or your background that would call into question your ability to volunteer? Yes No If yes, please explain

\_\_\_\_\_

Is there any reason why you should not be around children? Yes No If yes, please explain.

\_\_\_\_\_

What is your current marital status? Married Separated Divorced Widowed Never Married

References: (Please provide name and phone of three references, including a ministry reference)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you been attending Calvary Chapel Hixson? \_\_\_\_\_

# Volunteer Application

Briefly describe how you came to know Christ, and how you understand what your position is in Christ eternally.

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## Background Check Release Form

### COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING INVESTIGATIVE CONSUMER REPORTS

**Important—Please read carefully before signing: I understand and agree that:**

**An investigative consumer report may be obtained at any time during the application process and thereafter during your association with the organization.** Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act.

I hereby request and agree the Organization has my authorization to thoroughly investigate my professional and personal history to generate a Consumer Report (Investigative Background Check) for employment and/or volunteer purposes. I hereby authorize Edify Administration Professionals, Inc. (d.b.a. Edify Background Screening) an agent of the Organization to investigate and prepare a Consumer Report (Investigative Background Check) that will include personal information about me. I understand the report may include, but is not limited to, the following: Employment history, Driving Records, Professional Licensing Education History, Employment Credit Report, Drug Testing, Social Media History, Social Security verification, Address History, References, and civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; and any other public records. I further acknowledge and authorize the background check may be conducted to verify the accuracy of the information submitted and will be utilized to develop details concerning my character, general reputation, personal characteristics, and mode of living. I release from liability all persons, companies, corporations, and agencies supplying this information. Furthermore, I release and indemnify the Organization and the company doing the background check against any and all liability for damages of whatever kind which may at any time result to me, my family, heirs, or associates because of compliance with this authorization and request to release. You also agree that a fax, scan, photocopy, or digitally signed copy of this authorization and request to release. You also agree that a fax, scan, photocopy, or digitally signed copy of this authorization with your signature is valid with the same authority as the original. Guardian consent is requested for minors (under age 18 years), and required where local, state, federal, law regulation or ordinance dictate.

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my removal if discovered at a later date.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature if under 18: \_\_\_\_\_

Name (Printed): \_\_\_\_\_