

Participation Application

Participation (Volunteer) Process

The process for becoming a volunteer is quite lengthy, but it will allow us to continue to provide a safe environment for our students. The process begins when you turn in this application. Please fill it out in its entirety, as we need the information to evaluate you as a volunteer candidate. After we receive your application we will perform a background check, check one or more of your references, and then schedule you for a brief in-person interview. If everything checks out, you will begin volunteering within a week.

Basic Info for Background Check

Last Name: First Name:			MI:	
DOB:/ Current Age: _	Sex: F	Ethnicity:		
Current Street Address	City	State	Zip	
Home Phone: Mobile Ph	one:	Other Phone:		
Email Address:	Ma:	Marital Status:		
For background check purposes only ple	ease list your last thi	ree addresses:		
Previous Street Address 1	City	State	Zip	
Previous Street Address 2	City	State	Zip	
Previous Street Address 3	City	State	Zip	
\underline{Ca}	ndidate Profi	<u>le</u>		
Place of Employment:	:	Education Completed:		
Please list any physical limitations, disabilit	ies, allergies (food and	other) that may affect	ct your ability to v	
unteer:				
Name of Emergency Contact: Phone		Phone #:		
I am interested in volunteering in the follow	ing areas (please circle	e): Food Service a	nd Preparation	
Homework Help Cleaning and Main	tenance Arts and	Crafts Recreation	on Bible Study	
Prayer Administrative	Help Fu	ndraising	Other	
Why do you want to volunteer at Acts 5:39?				
How much time are you looking to volunteer	per week?			
What days and times are you available?				
Are you completing these hours for another	organization? Yes or	No Which one?		

Acts 5:39 Participation Application—Continued

Religious profile Are you a Christian? _____ How long have you been a Christian? _____ Have you been baptized? _____ What church do you currently attend? _____ How Often? ____ What gifts has the Lord given you for service in His kingdom? ____ I have read the attached Vision, Mission, Human Sexuality, Doctrinal and Unity Statements. Yes or No I agree in totality with the statements. Yes or No If No, where do you disagree? _____ If you disagree with our beliefs, can you still be supportive of our efforts and goals? Yes or No References Church Member/Pastor's Name Address Phone Relationship Coworker's Name Address Phone Relationship Close Friend's Name Address Phone Relationship Verification of Information Please take one minute to review the information you have given on the above form. This information is both necessary to evaluate you as a candidate, and to keep our students safe from those who seek to do them harm. We do not wish to judge, but merely do our due diligence in protecting our community's children. I have reviewed and verified my application, and provided true and accurate information. Signature: Date: For Office use Only: Application received on: _____ Received by: Application reviewed on: Comments: Application reviewed by: Background checked on: _____ Comments: ____ Background checked by: _____ References checked on: _____ Comments: ____ References checked by: _____ Scheduled by: Scheduled for interview on: Interview (circle one): Arrived Cancelled Rescheduled No show: Reschedule Date: _____ Candidate Final Status (circle one): Self-Exit *Approved* **Provisional** Delayed Denied