



RIVER OF LIFE FELLOWSHIP

Volunteer Application

APPLICANT INFORMATION

Last Name _____ First _____ Date _____

Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP _____

Phone _____ E-mail Address _____

Date Available _____ Social Security No. _____ Birth Date _____

Ministry Area: Nursery Children's Church MPact Royal Rangers Youth Other _____

Marital Status: Married Single Engaged Separated Divorced Widowed

Do you have any physical handicaps or conditions that would prevent you from performing certain types of activities? Yes No

If yes, please explain: _____

Have you ever been dismissed from employment/volunteering in a child supervisory capacity? Yes No

If yes, please explain: _____

Have you ever been convicted of a criminal offense? Yes No

If yes, please explain: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

REFERENCES

Please list three personal references (not relatives)

Full Name _____ Relationship _____

Address _____ Phone _____

Full Name _____ Relationship _____

Address _____ Phone _____

Full Name _____ Relationship _____

Address _____ Phone _____

CHURCH ACTIVITY

Are you a Christian? Yes No

Are you a member of this church? Yes No

Regular Attendee? Yes No

Are you willing to attend training sessions for your department? Yes No

Please list the names and locations of other churches you have attended regularly in the past five years and the areas in which you volunteered at each church.

Church Name	Location	Volunteer Activity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any additional gifts, callings, training, or other factors that have prepared you for this area of ministry.

APPLICANT'S STATEMENT

I certify that my answers are true and complete to the best of my knowledge. I authorize all references and churches listed in this application to give River Of Life Fellowship any information they may have regarding my character and fitness for the area of ministry for which I have applied for. I release all such references from liability for any damage that may result from furnishing such information to River Of Life Fellowship. I agree to be bound by the By-Laws and policies of River Of Life Fellowship and to refrain from unscriptural conduct in the performance of my duties on behalf of the church. My signature below authorizes River Of Life Fellowship to perform or obtain a background check from the proper authorities.

Signature _____ Date _____