



# Volunteer Team Application

## 2010-2011

Please complete this application and return to the Student Ministry Office in a **sealed envelope**.

### GENERAL INFO:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Are you a member of Cary FBC?  YES  NO

Employer: \_\_\_\_\_ How long have you been at Cary FBC? \_\_\_\_\_

What is the best time to reach you? \_\_\_\_\_ May we call you at work?  YES  NO

School: \_\_\_\_\_ Year: \_\_\_\_\_

Work Status:  Student  Part Time  Full Time  Retired

Marital Status:  Single  Married - Spouse's name: \_\_\_\_\_  
 Separated  Divorced  Widowed

If you have children, please list their names and ages: \_\_\_\_\_

What ministry area do you prefer to work with:  Middle School  High School  College

Do you currently maintain a personal blog, website, MySpace, or facebook account?  YES  NO

If so, please provide each address/URL: \_\_\_\_\_

Please list any other ministries you are or have been involved with at Cary FBC. If you are no longer serving in a particular area, please list the reason.

<u>Team</u>	<u>Dates Served</u>	<u>Reason for Leaving</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VOLUNTEER OPPORTUNITIES:** Please check the box of the role(s) you are interested in.

- Uplink Small Group Leader
- //elevate\ Volunteer
- Food Services Team
- Trip Chaperone
- Office Volunteer
- Sports Ministry: \_\_\_\_\_
- Other: \_\_\_\_\_

**Student Bible Study:**

- Care Leader
- Lead Teacher
- SBS Coordinator

**Youth Advisory Council:**

- Uplink Coordinator
- Outreach/Missions Coordinator
- Fundraising Coordinator
- Parent Ministry Coordinator
- Food Services Coordinator
- Guys' Ministry Coordinator
- Girls' Ministry Coordinator
- College Ministry Coordinator
- Volunteer Coordinator
- High School Parent Representative
- Middle School Parent Representative

**Ministry Teams:**

- Signing Team
- Choir
- Worship Band
- Drama Team
- Greeting Team/Guest Services
- Production Team (sound, video, lighting)
- Student Leadership Team
- Other: \_\_\_\_\_

**SELF DESCRIPTION:** Please circle the words that best describe you and cross out the words that least describe you.

- trustworthy    dependable    active    compassionate    reliable    self-starter    punctual
- Comfortable on stage    laid-back    quick thinker    spontaneous    decisive    teachable
- team player    humorous    thoughtful    solitary    leader    cautious    risk taker
- patient    reflective    flexible    tactful    self motivated    behind the scenes    strong willed
- sensitive    energetic    honest    organized    creative    disciplined    faithful
- extrovert    follower    responsible

**SHORT ANSWER QUESTIONS:**

Write a brief summary of how and when you met Jesus Christ. \_\_\_\_\_

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How would you describe your spiritual journey at this point in your life? \_\_\_\_\_

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Why do you want to serve in the Student Ministry? \_\_\_\_\_

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What is one area of student ministry that you would say you are passionate about? \_\_\_\_\_

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Please indicate what you believe your spiritual gift(s) is/are:

- Prophecy    Teaching    Service    Encouragement    Sharing    Leadership  
 Compassion    Discernment    Hospitality    Preaching    Administration    Service

How can you use your spiritual gift(s) in the Student Ministry? \_\_\_\_\_

\_\_\_\_\_

Do you have any fears/weaknesses that might affect you as a volunteer? \_\_\_\_\_

\_\_\_\_\_

Please describe any prior experience you have working with students. \_\_\_\_\_

\_\_\_\_\_

Are there any issues or concerns in your life right now that could have an impact on your commitment and involvement as a volunteer in the Student Ministry? \_\_\_\_\_

\_\_\_\_\_

What is your belief concerning the following issues:

> The authority of the Bible: \_\_\_\_\_

\_\_\_\_\_

> Use of tobacco, illegal drugs, and alcohol: \_\_\_\_\_

\_\_\_\_\_

> Premarital/extramarital sex: \_\_\_\_\_

\_\_\_\_\_

> Homosexuality: \_\_\_\_\_

\_\_\_\_\_

### **MEDICAL INFORMATION:**

Have you had any prior injuries that might be aggravated by working in student ministry? \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medication prescribed by a doctor for physical or other conditions that would affect your ministry? \_\_\_\_\_

\_\_\_\_\_

Do you have any medical conditions that might be hazardous to others? \_\_\_\_\_

\_\_\_\_\_

**BACKGROUND INFO:**

Have you, at any time, been involved in or accused, rightly or wrongly, of sexual abuse, maltreatment, or neglect?  YES  NO

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Have you ever been accused or convicted of possession / sales of controlled substances or of driving under the influence of alcohol or drugs?  YES  NO

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Are you using illegal drugs or have you used them in the past?  YES  NO

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Have you been arrested or convicted for any criminal act more serious than a traffic violation?  YES  NO

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Have you ever been involved romantically or sexually with any student in the youth ministry, or had sexual relations with any minor after you became an adult?  YES  NO

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Have you ever been a victim of any form of child abuse?  YES  NO

If yes, would you like to speak to a counselor or pastor?  YES  NO

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Have you ever gone through treatment for alcohol or drug abuse?  YES  NO

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Have you ever been asked to step away from ministry or work with students or children in any setting, paid or volunteer?  YES  NO

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Is there anything in your past or current life that might be a problem if we found out about it later?  YES  NO

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I have read the **Volunteer Handbook** and agree to abide by those standards.  YES  NO

initial here: \_\_\_\_\_

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If the answer to any of the above questions is yes, please attach another page and write a full explanation. These will be discussed confidentially during your interview.

**REFERENCES:**

Please provide three character references (other than family members) who can identify your strengths and weaknesses and describe your background.

1. \_\_\_\_\_  
Name Address Home / work phone Relationship

2. \_\_\_\_\_  
Name Address Home / work phone Relationship

3. \_\_\_\_\_  
Name Address Home / work phone Relationship

## Waiver/Release:

I, the undersigned, give my authorization to First Baptist Church Cary representatives—hereafter referred to as FBCC—to verify the information on this form. FBCC may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a church youth ministry worker. I am willing to request and submit to FBCC background reports on myself from the (state) Department of Social Services central registry.

**The information contained in this application is correct to the best of my knowledge.** I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for student ministry. In consideration of the receipt and evaluation of this application by FBCC, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the constitution, statement of faith and policies of FBCC, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of FBCC. If I violate these guidelines, I understand that my volunteer status may be terminated. By signing this application, I state that all of the information given about myself is true.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT.** This is a legally binding agreement which I have read and understand.

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Print name

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Signature

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Date





**STUDENT MINISTRIES**

### Background Check Authorization

**Full Name:** \_\_\_\_\_

1. Bearing in mind that your propose service may involve access to minor children, is there anything in your personal history or experience that indicates that you have any problem whatsoever involving sexual attraction to children or any related tendencies that could pose a risk of harm to any children you may encounter during your service? If yes, please explain.

NO

YES: \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been the subject of a complaint of child abuse or any other type of mistreatment of children? If yes, briefly explain.

NO

YES: \_\_\_\_\_  
\_\_\_\_\_

3. Has anyone ever complained to you, the organization you were serving with, or to the government concerning your care of children? If yes, please explain.

NO

YES: \_\_\_\_\_  
\_\_\_\_\_

4. Certain types of behavior may reflect negatively on your fitness to serve in this ministry. Have you ever been charged with or convicted of any crime or misdemeanor involving (1) a minor child, (2) stalking or harassment, (3) sex or lewd behavior (e.g. rape, sexual assault, prostitution, public indecency), or (4) violence against another person? If yes, please briefly explain.

NO

YES: \_\_\_\_\_  
\_\_\_\_\_

5. Have you engaged in any illegal drug use in the last 10 years? If yes, please briefly explain.

NO

YES: \_\_\_\_\_  
\_\_\_\_\_

**Please continue authorization on next page....**

# Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_ Drivers License # /State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **First Baptist Church of Cary** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **First Baptist Church of Cary** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

\* \* **First Baptist Church of Cary** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Notice to California, Minnesota and Oklahoma Residents Only:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.