

Volunteer Application

for Coweta Assembly of God Church

WHAT POSITION OF MINISTRY ARE YOU APPLYING FOR?

PERSONAL INFORMATION

LAST NAME FIRST NAME

PERSONAL MAILING ADDRESS

CITY STATE ZIP CODE

SOCIAL SECURITY # HOME PHONE CELL PHONE

PLACE OF EMPLOYMENT

WORK PHONE

Married Single Divorced Widowed DO YOU USE ANY OF THE FOLLOWING? (check all that apply) Yes No If yes, explain below.
MARITAL STATUS Alcohol Drugs Tobacco HAVE YOU BEEN CONVICTED OF A FELONY?

SPIRITUAL HISTORY

Saved when? _____ Baptized in Holy Spirit w/ evidence of speaking in tongues when? _____
Where did you attend church before Coweta Assembly of God? _____ Phone Number _____

EMPLOYMENT HISTORY

COMPANY NAME (MOST RECENT EMPLOYER) POSITION HELD

ADDRESS DATES EMPLOYED FROM TO

MANAGER / SUPERVISOR PHONE NUMBER

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for Coweta Assembly of God Church (pg.2)

REFERENCES

FULL NAME _____

YEARS KNOWN _____

ADDRESS _____

PHONE NUMBER _____

CITY, STATE, ZIP _____

OCCUPATION _____

FULL NAME _____

YEARS KNOWN _____

ADDRESS _____

PHONE NUMBER _____

CITY, STATE, ZIP _____

OCCUPATION _____

FULL NAME _____

YEARS KNOWN _____

ADDRESS _____

PHONE NUMBER _____

CITY, STATE, ZIP _____

OCCUPATION _____

EDUCATIONAL HISTORY

Elem./Jr. High High School Some College College Degree Tech School Other
HIGHEST LEVEL OF EDUCATION ACHIEVED
NAME OF SCHOOL _____

BACKGROUND CHECK

BIRTHDATE MONTH _____ DAY _____ YEAR _____

ANY OTHER GIVEN NAME THAT MAY SHOW UP ON YOUR BACKGROUND CHECK (maiden, adoption, etc.) _____

AUTHORIZATION, CONSENT & RELEASE

No, I **will not** be a driver for the church van/bus during church functions.

Yes, I **will** be a driver for the church van/ bus during church functions. By signing below I give authorization to check my driving record.

Driver's License Number: _____ State Issuing License _____ Exp. _____

Do you have any physical handicaps or conditions limiting your ability to drive a vehicle? Yes No

If yes, please explain: _____

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 any information they may have regarding my character and fitness for volunteer work with Coweta Assembly of God.

At any time during the tenure of my volunteer service with Coweta Assembly of God, I hereby authorize Criminal Watchdog and Lexis Nexis, on behalf of Coweta Assembly of God to procure a consumer report (not a credit report) which I understand may include information from court record repositories, department of motor vehicles, past or present employers and education institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigating includes information bearing on my character, general reputation or personal characteristics.

Should my application be accepted, I agree to be bound by the Constitution & Bylaws of Coweta Assembly of God and to refrain from unscriptural conduct in the performance of my services on behalf of this church.

VOLUNTEER SIGNATURE _____

DATE _____