

Family Ministry VOLUNTEER APPLICATION

Ministry Area: Preschool Elementary Middle School High School

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Marital Status: Single Married Spouse's Name _____

Briefly describe when and how you accepted Jesus Christ as your personal Savior...

Before becoming an attendee of Beachside, what was your denominational background?

Denomination: _____ Name of Former Church _____

Please list all areas of previous experience in Sunday school or other church leadership position.

Please list any recent (last three years) training you may have had which has contributed to your growth as a Christian or has helped prepare you as a leader.

Family Ministry VOLUNTEER APPLICATION

Which area(s) do you feel most talented gifted?

- | | |
|---|--|
| <input type="checkbox"/> Small Group Leader | <input type="checkbox"/> Story Teller |
| <input type="checkbox"/> Host Team | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Music/Worship | <input type="checkbox"/> Event Planning/Administration |
| <input type="checkbox"/> Video Production | <input type="checkbox"/> Other: _____ |

Have you ever been convicted of a felony?

- Yes No

Do you object to Beachside Community Church requesting a formal, confidential background check on you from a professional service?

- Yes No

This information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to Beachside Community Church, or it's representatives, to obtain any and all records or information relating to my work in this ministry. The church may contact any appropriate government agencies in order to verify my suitability as a volunteer.

I understand that the personal information will be held confidential by the Beachside church staff.

Signature: _____

Date: _____

Beachside Community Church Family Ministry Reference Form

TO: _____

FROM: _____

APPLICANT'S NAME: _____

DATE: _____

I have applied to volunteer with children and/or students and have given your name as a reference. Please answer the following questions; adding any information you feel would be helpful in consideration of my application. All information will be kept confidential. Thank you for your cooperation.

How long have you known this person? _____

In what capacity? _____

Please check where applicable:

	Excellent	Good	Fair	Poor
Leadership Qualities				
Character				
Promptness/Attendance				
Self-Control				
Cooperation with Others				
Common Sense				
Tact				
Emotional Stability				
Patience				

What qualities do you admire in this person? _____

Have you ever observed this person with children? _____

Would you leave you own children in his/her care? _____

Do you know of any reason why this person should not work with children? _____

Comments: _____

Please record your overall evaluation of this applicant by circling the appropriate number on the scale:

Excellent Good Poor
 10 9 8 7 6 5 4 3 2 1

Signature _____ Date _____

*Please mail the completed form to:
 Beachside Community Church - PO Box 445 – Fort Walton Beach, FL 32549

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BEACHSIDE COMMUNITY CHURCH

Volunteer authorization for release of background information

In connection with my application for volunteer service with **BEACHSIDE COMMUNITY CHURCH**, I authorize **BEACHSIDE COMMUNITY CHURCH** and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that **BEACHSIDE COMMUNITY CHURCH** may conduct inquiries into my background that may include criminal records, credit report, motor vehicle records, personal references and other public record reports pertaining to me. When requested by an employer motor vehicle records or a driving history may be obtained. American Driving Records will provide motor vehicle records from the state of Louisiana.

I authorize without any reservation, any person, agency, or other entity contacted by BEACHSIDE COMMUNITY CHURCH or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above-mentioned information.

I release **BEACHSIDE COMMUNITY CHURCH**, their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

(Please write in blue or black ink. Light ink won't show up) (DOB is Date of Birth)

Requested by: 850-366-8262

PLEASE PRINT INFORMATION BELOW

FULL LEGAL NAME _____ DOB _____

OTHER NAMES USED _____ SS _____

DRIVERS LIC # _____ STATE ISSUED _____

Name as it exactly appears on Drivers License _____

Please note: If your address is a rural route, or post office box, we must have City & County where mail was delivered

Current
Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

Previous
Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

Previous
Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

SIGNATURE _____ **DATE** _____

LIST ALL CITY/STATES RESIDED AT SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

Thank you for applying to help at BEACHSIDE COMMUNITY CHURCH