

ODC Volunteer Application

APPLICANT: _____ PHONE: _____

DATE OF BIRTH: ____ - ____ - ____

APPLICANT'S ADDRESS

EMAIL _____

MAILING: _____

City: _____ State: _____ Zip: _____

POSITION REQUESTED: _____

REASON FOR APPLYING FOR POSITION: _____

PRIOR EXPERIENCE FOR POSITION REQUESTED: _____

REASON FOR LEAVING PRIOR POSITION: _____

HAVE YOU BEEN CHARGED OR CONVICTED OF A FELONY? IF SO, PLEASE
GIVE DETAILS: _____

DO YOU ENGAGE IN ANY ACTIVITIES THAT IS CONTRARY TO OUR BELIEFS AS A CHURCH, SUCH AS, GAMBLING, USING ALCOHOL, TOBACCO, OR LIVING WITH SOMEONE OUTSIDE OF MARRIAGE. MARRIAGE IS BIBLICALLY DEFINED BETWEEN A "MAN AND WOMAN.:

ARE YOU FAMILIAR WITH OUR DOCTRINE AND CORE BELIEFS? HAVE YOU COMPLETED GROWTH TRACK CLASS?

HAVE YOU ACCEPTED JESUS CHRIST AS YOUR LORD AND SAVIOUR? _____ DATE _____

HAVE YOU BEEN WATER BAPTISED? _____ DATE: _____

HAVE YOU RECEIVED THE BAPTISM OF THE HOLY SPIRIT? _____ DATE: _____

HAVE YOU EVER BEEN ACCUSED OF ANY TYPE SEXUAL MISCONDUCT? IF SO, PLEASE GIVE DETAILS: _____

HAVE YOU EVER BEEN ACCUSED OF HAVING ANY SEXUAL MISCONDUCT INVOLVING A CHILD UNDER AGE 18? IF SO, PLEASE GIVE DETAILS: _____

HAVE YOU EVER RECEIVED COUNSELING DUE TO AN INAPPROPRIATE ACTION TOWARDS ANOTHER MEMBER OR CHILD OF A CHURCH OR DAYCARE? IF SO, PLEASE GIVE DETAILS: _____

IF APPLYING FOR A POSITION INVOLVING CHILDREN, HAVE YOU EVER WORKED WITH CHILDREN BEFORE. PLEASE GIVE DATES AND POSITIONS:

LAST CHURCH ATTENDED. PLEASE INCLUDE ADDRESS AND NAME OF PASTOR:

ANY REASON WHY A PREVIOUS PASTOR WOULD NOT RECOMMEND YOU? IF SO, PLEASE FURNISH REASONS: _____

REFERENCES: PLEASE FURNISH CONTACT INFORMATION: NAMES, PHONE NUMBERS, AND ADDRESSES.

THE INFORMATION GIVEN WILL BE USED FOR THE PURPOSE OF SCREENING APPLICANTS. AS A CHURCH, WE HAVE A DUTY TO PROTECT EVERYONE ATTENDING OUR SERVICES AND/OR ACTIVITIES.

WITH YOUR SIGNATURE BELOW, YOU AGREE THAT ALL STATEMENTS GIVEN BY YOU ARE TRUE AND ENTIRE. YOUR SIGNATURE GIVES THE CHURCH PERMISSION TO CONTACT ANY PRIOR CHURCH, PASTOR, AND REFERENCE.

I GIVE PERMISSION FOR THE CHURCH TO CHECK OUT ANY REFERENCES AND EXPERIENCES.

SIGNATURE OF APPLICANT

DATE

REFERENCES

Name: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Relationship (If any): _____

Name: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Relationship (If any): _____

Name: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Relationship (If any): _____

MAIL/FAX REFERENCE FORM

Name of Reference: _____

Interview Questions:

1. What capacity did you know the applicant? _____

2. What position(s) did they hold? _____

3. How long have you known applicant? _____

4. Was applicant's service satisfactory or unsatisfactory? _____

5. If applicant is no longer working with your organization, why did they leave?

6. Based upon the knowledge/experience/character of applicant, would you recommend applicant?

_____ Yes

_____ No

_____ Unsure

7. Any additional comments regarding client and/or suitability to perform services with our organization? If so, please list below:

Signature of Reference

Date

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