



Neighborhood Church Children's Ministries

Volunteer Application-ADULT

- Print out forms (6 pages).
- Please complete the form in ink.
- Please complete both forms (application and background check).
- Responses are maintained confidentially.
- Direct questions to Diane Lyons dlyons@ncredding.com 221-5683 ext 731
- Return forms one of three ways:
 - Bring in to the Church office (Mon-Fri 9:00am-5:00pm)
 - Mail to Church office: 777 Loma Vista, Redding, CA 96003
 - Bring in during weekend services to the Preschool Check-in counter

Name of Applicant: _____ Date: _____

What type of ministry do you prefer?



Celebrate
Recovery

- Infant Nursery (0-1 yrs)
- Toddler Nursery (1-2 yrs)
- Preschool (2-5 yrs)

- 1st-3rd grade
- 4th-5th grade

- Preschool
- K-2nd grade
- 3rd-6th grade

- Preschool
- Elementary

Please circle your ministry interests:

Teaching Helping Office work Music Special Needs Arts & Crafts Games

Drama Cleaning Craft preparation Computer Check-in Greeting

Personal Data

PLEASE PRINT:

Name: _____ Date of Birth _____
Last First Middle

Marital Status: _____ Home Phone: (____) _____ Email: _____

May we add your contact information to the Neighborhood Church Community Builder database for communication purposes?

Yes No

Spiritual History

Do you attend Neighborhood Church of Redding?

Yes No

If yes: How long? _____ Are you an NCR partner?

Yes No

If not, are you willing to attend a partnership class?

Yes No

If no: List your current church: _____ How long? _____

Do you attend church regularly (two or more services a month)?

Yes No

It is desirable that all teachers are members of Neighborhood Church; if they are not, they must be in full harmony with the doctrines and principles of Neighborhood Church

In a brief paragraph, please outline your spiritual journey, including when you received Christ as Savior.

Have you been baptized?

Yes No

Have you taken any courses or received any training that would equip you for Christian ministry? If so, please list.

Ministry History

Please list the churches you have attended and the ministry organizations in which you have participated within the last five years.

1. Name: _____ Phone:(____) _____

Address _____

Dates Attended _____ Ministry involvement: _____

2. Name: _____ Phone:(____) _____

Address: _____

Dates Attended _____ Ministry involvement: _____

PERSONAL REFERENCES (Must be over 18 years old and not related to you)

1. Name: _____ Phone:(____) _____ Relationship: _____

Address: _____

2. Name: _____ Phone:(____) _____ Relationship: _____

Address: _____

Qualifications and Availability for Service

Briefly share your motivation for wanting to serve in the ministries of this local church. _____

On what date would you be available? _____

Describe any condition or limitation that might restrict or prevent you from performing certain activities involved in the volunteer position for which you are being considered (i.e. lifting, handling an emergency, driving, etc.).

Do you have a contagious or infectious disease or condition which could be transmitted to others in the volunteer work you would be performing? Yes No If yes, please explain: _____

Legal Questionnaire

1. Have you ever been convicted of a criminal offense (felony or misdemeanor, except for minor traffic violations)? Mark "Yes" if you have entered into a plea agreement, including a deferred sentence or deferred judgment arrangement, in connection with a criminal charge. Yes No

2. Have you ever been convicted of a sexual offense, offense relating to children or crime of violence (that is not covered in question 1 above)? Yes No

3. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry or similar organization regarding abuse or misconduct involving children? Yes No

4. Have you had any painful experience (personal abuse in any form) that has better equipped you, or may hinder you from a productive ministry? Yes No

5. Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment or other immoral behavior or conduct, involving adults or children? Yes No

6. Have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other licensee held by you, including but not limited to a license to provide child care or similar services? Yes No

7. Have you ever been the subject of any disciplinary action, transfer or dismissal, or been named as a defendant in a civil lawsuit, as a result of an accident or mishap involving children? Yes No

8. Have you ever been subject to any disciplinary action (including discharge) or investigation by a church, religious or other organization or by an employer? Yes No

9. Do you have any drug, alcohol or substance abuse problems? Yes No

If you answered yes to any of the above, please explain _____

10. Do you practice a sexually pure lifestyle as taught in the Scriptures? Yes No

BE ASSURED THAT YOUR COMMENTS WILL BE HELD IN STRICT CONFIDENCE.

APPLICANT'S STATEMENT

The responses I have provided in completing this application form are complete, truthful and accurate. I hereby authorize Neighborhood Church (hereunto referred to as "the Church") to make inquiries concerning my background in connection with evaluating the information I have provided on this form and in the application process, including a criminal records check if deemed necessary by the Church. I hereby authorize all persons associated with me, including churches, employers, law enforcement agencies, licensing and social services agencies, to release any information contained in their files or records concerning me to the Church and its representatives.

In consideration of the receipt and evaluation of this application form by the Church, I hereby release Neighborhood Church and their directors, employees, agents, representatives and any other person or organization, including record custodians, that may release information concerning me, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family on account of inquiries concerning my background and any disclosures of information concerning me to Neighborhood Church.

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.

I understand that my service with the Church shall be volunteer service. In addition, my volunteer services shall be at-will and the Church shall be entitled to terminate my services at any time, with or without cause or advance notice. I understand and agree that I am not an employee of the Church and that I have no expectation of future employment. As a volunteer, I have no entitlement to or expectation of compensation, health insurance or other employee benefits, or unemployment or worker's compensation insurance benefits.

I affirm that I have received, read and will strictly comply with all policies and procedures of Neighborhood Church including but not limited to its Safe Place Plan and Plan for Children's Ministry documents. If at any time I find that for any reason I am unable to support the vision, policies, procedures or doctrine of this church/organization, I will resign my volunteer position. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal, or in disciplinary action, all at the discretion of the Church. I will report any known or suspected child abuse or other violation of policy to the senior pastor, a member of church staff, an elder or the designated authority.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS OF IT, AND I SIGN THIS RELEASE AS MY OWN FREE AND VOLUNTARY ACT.

Applicant's Signature: _____ Date: _____

Applicant's Name (please print): _____



Background Check Information

Please Read

To: Prospective & Current Volunteers age 18 and over
From: Children's Ministry Administration

Our Risk Management System is in effect to ensure a safe place for those God has entrusted to our care. As part of this system, we require background checks on all those who serve with children, youth, elderly or physically challenged individuals. This check is strictly limited to criminal activity, and does not in any way check financial records such as personal credit history.

The background check consists of two reports: the U.S. Criminal Indicator report - the Sexual Offender Registry, and a Social Security trace and address locator. We want to assure you that our intent of these reports is to both protect you and those in our care.

We also wish to assure you that the methods we take to protect your information are very important to us. Once the report is generated, the information on your release form and the reports are stored in a locked filing cabinet or in a secured database. We do not release this information to anyone and you are always welcome to ask for a copy.

Some of you have raised questions regarding background checks from current employers. If you currently have a background check from your employer, we would request you also authorize a background check through NCR, as we need to have a record for each volunteer. Your screening through another employer does not provide us such a record.

Please return the authorization form on the back of this letter to the children's ministry office. If you have any questions, please contact the office at 221-5683 ext. 731 or e-mail dlyons@ncredding.com.

Thank You



