



## NEXT GENERATION MINISTRY VOLUNTEER APPLICATION

NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PREFERRED METHOD OF CONTACT:  ALL  TEXT  EMAIL

### I WOULD LIKE TO VOLUNTEER FOR:

- |   |  |
|---|--|
| <input type="checkbox"/> PRESCHOOL CONNECT GROUP TEACHER/ASST.    | <input type="checkbox"/> STUDENT MINISTRY CONNECT GROUP LEADER |
| <input type="checkbox"/> ELEMENTARY CONNECT GROUP TEACHER/ASST.   | <input type="checkbox"/> STUDENT MINISTRY WEDNESDAY NIGHTS     |
| <input type="checkbox"/> KIDS' WORSHIP VOLUNTEER (5 WK. ROTATION) | <input type="checkbox"/> SPECIAL NEEDS SHADOW                  |
| <input type="checkbox"/> LAKE MURRAY KIDS – WEDNESDAY NIGHTS      | <input type="checkbox"/> SPECIAL EVENT CHILDCARE               |

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### PLEASE LIST ANY ADDITIONAL ADDRESSES WHERE YOU HAVE LIVED IN THE PAST 5 YEARS:

ADDRESS: \_\_\_\_\_ DATE OF RESIDENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF RESIDENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF RESIDENCY: \_\_\_\_\_

### PREVIOUS CHILDREN'S/YOUTH WORK OR VOLUNTEER EXPERIENCE:

ORGANIZATION/PROGRAM: \_\_\_\_\_

MM/YY-MM/YY: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

ORGANIZATION/PROGRAM: \_\_\_\_\_

MM/YY-MM/YY: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

ORGANIZATION/PROGRAM: \_\_\_\_\_

MM/YY-MM/YY: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

### LIST ALL CHURCHES YOU HAVE REGULARLY ATTENDED IN THE LAST FIVE YEARS:

CHURCH: \_\_\_\_\_ PASTOR: \_\_\_\_\_ DATES: \_\_\_\_\_

CHURCH: \_\_\_\_\_ PASTOR: \_\_\_\_\_ DATES: \_\_\_\_\_

CHURCH: \_\_\_\_\_ PASTOR: \_\_\_\_\_ DATES: \_\_\_\_\_

**PLEASE LIST TWO NON-FAMILY REFERENCES AND ONE LMBC MEMBER REFERENCE WE MAY CONTACT AS TO YOUR PERSONAL CHARACTER AND ABILITIES:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

HAVE YOU EVER BEEN ACCUSED, CHARGED, OR CONVICTED OF ANY OFFENSE INVOLVING ACTUAL OR ATTEMPTED SEXUAL MOLESTATION, OR ABUSE OF A CHILD OR TEENAGER IN A COURT OF LAW?  YES  NO

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF ANY OTHER CRIMINAL OFFENSE (MISDEMEANOR OR FELONY) IN A COURT OF LAW?  YES  NO

ARE YOU AWARE OF HAVING ANY TRAITS OR TENDENCIES THAT COULD POST ANY THREAT TO CHILDREN, YOUTH, OR OTHERS?  YES  NO

IS THERE ANY REASON WHY YOU SHOULD NOT WORK WITH CHILDREN, YOUTH, OR OTHERS?  YES  NO

IS THERE ANY OTHER INFORMATION YOU WISH TO RELATE WHICH WOULD HELP US TO ASSESS YOUR QUALIFICATIONS FOR THIS POSITION?

\*I RECOGNIZE THAT LAKE MURRAY BAPTIST CHURCH IS RELYING ON THE ACCURACY OF THE INFORMATION I PROVIDE ON THIS APPLICATION FORM. ACCORDINGLY, I ATTEND AND AFFIRM THAT THE INFORMATION I HAVE PROVIDED IS ABSOLUTELY TRUE AND CORRECT.

I AUTHORIZE THE ORGANIZATION TO CONTACT ANY PERSON OR ENTITY LISTED ON THIS FORM, AND I FURTHER AUTHORIZE ANY SUCH PERSON OR ENTITY TO PROVIDE LAKE MURRAY BAPTIST CHURCH WITH INFORMATION, OPINIONS, AND IMPRESSIONS RELATING TO MY BACKGROUND OR QUALIFICATIONS.

I VOLUNTARILY RELEASE LAKE MURRAY BAPTIST CHURCH AND ANY SUCH PERSON OR ENTITY LISTED ON THIS APPLICATION FORM FROM LIABILITY INVOLVING THE COMMUNICATION OF INFORMATION RELATING TO MY BACKGROUND OR QUALIFICATIONS. I HAVE CAREFULLY READ THE POLICY AND PROCEDURES AS LISTED IN THE NEXT GENERATION POLICIES AND PROCEDURES MANUAL, AND I AGREE TO ABIDE BY THEM AND TO PROTECT THE HEALTH AND SAFETY OF THE CHILDREN OR YOUTH ASSIGNED TO MY CARE OR SUPERVISION AT ALL TIMES.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_