

Calvary Baptist Church “The City of Refuge”
Volunteer Worker’s Application Form

APPLICANT: _____ PHONE: _____

DATE OF BIRTH: ____-____-____ SOCIAL SECURITY NUMBER: ____-____-____

APPLICANT’S ADDRESS: _____

City: _____ State: _____ Zip: _____

PREVIOUS ADDRESS: _____

City: _____ State: _____ Zip: _____

POSITION REQUESTED: _____

REASON FOR SERVING: _____

PRIOR EXPERIENCE FOR POSITION REQUESTED: _____

HAVE YOU BEEN CHARGED OR CONVICTED OF A FELONY/MISDEMEANOR?
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, OR LIVING WITH
SOMEONE OUTSIDE OF MARRIAGE: _____

ARE YOU FAMILIAR WITH OUR DOCTRINE AND CORE BELIEFS: _____

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 APPYING 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: _____

LAST CHURCH ATTENDED PRIOR TO LAST CHURCH. 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 VOLUNTEER 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. YOUR SIGNATURE BELOW ALSO GIVES THE CHURCH PERMISSION TO RUN A BACKGROUND CHECK ON YOURSELF TO ENSURE THE SAFETY AND PROTECTION OF ALL PARTIES ATTENDING OUR CHURCH.

I GIVE PERMISSION FOR THE CHURCH TO RUN A BACKGROUND CHECK ON MYSELF AND 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