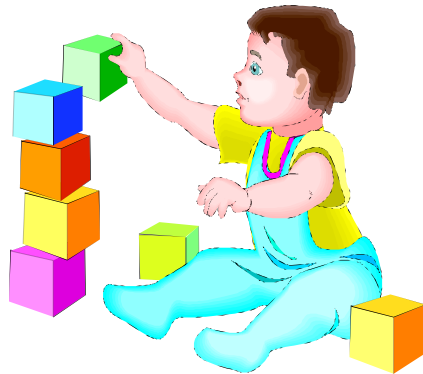


New Life Assembly of God Ministry Involvement Application



--Confidential--

This document contains confidential information that may be reviewed only by the senior pastor, members of the church board, or any person or committee either authorized by the church board or having authority to make personnel decisions. Unauthorized access or use is strictly prohibited.

| |
|--|
| Name of Volunteer _____ |
| Position _____ |
| Date: _____ |
| Please fill out the various forms contained within this application. |



Qualifications For All NLAG Ministries Workers

Christians who are in places of responsibility in the church are required to be examples in faith, conduct, and business affairs. To maintain a high standard for workers is one of the best ways to present Christ to the people of our community. Therefore, the following guidelines will be required of any person who works in any of the ministries at New Life Assembly of God.

1. Must be in agreement with the tenets of faith of NLAG.
2. Be a regular attendee of NLAG, having attended NLAG for at least six months.
3. Be able to make a minimum six-month commitment.
4. Complete a ministry involvement application.
5. Be loyal to the ministries of NLAG
6. Be faithful to your assigned position.
7. Live a separated Christian life.
8. Attend all worker's meetings and workshops.
9. Be faithful to attend regular church services.
10. Give at least three (3) days notice if you know you will be absent.
11. Be at your designated post (20) minutes before starting time.
12. Be neat in your appearance.
13. Complete appropriate workers' training course(s) required in your area of ministry.
14. Your home life must be in order.
15. Give thirty (30) days notice when resigning your position.

Please read and sign:

I have read the above qualifications and pledge to keep them to the very best of my ability. I clearly understand that failure to keep any of the above qualifications is grounds for dismissal.

Signature

Date

In what capacity do you desire to offer your services as a volunteer within our church? _____

List any training, gifts, or calling that have prepared you for the position you are seeking?

List all previous work involving youth and children. (list each organization's name and address, type of work performed, name of person in charge, and dates and include both volunteer and paid positions). If additional space is needed use back of page.

Are you willing to attend training and planning meetings with regards to your new ministry?

Yes No

The following questions are part of a process to help provide a safe and secure environment for our children. All information is confidential. If you answer "yes" to any of the questions below, please explain briefly on the back of this sheet. We at New Life Assembly understand the life-changing power of Jesus Christ and are eager to hear how he has helped you.

1. Have you ever been convicted of or arrested for, or plead guilty or no contest to a crime other than a minor traffic violation, or are you now under charges for any criminal offense? Yes No

A criminal conviction will not necessarily disqualify you from consideration.

2. Have you ever struggled with alcohol or substance abuse? Yes No

3. Do you currently use alcohol or tobacco? Yes No

4. Are you engaged in any conduct that is contrary to the teachings of the Bible? Yes No

5. Do you have any health issues that could place the children or elderly of New Life at Risk? Yes No

6. Have you ever been denied legal custody of your child/children in any legal proceedings including divorce decrees or settlement? Yes No

Use this page to make additional comments

Please continue application of following pages

Personal References

Personal references (not former employers or relatives)

Name: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone: _____

Pastoral or Volunteer Organization Reference (Former Senior Pastor, Associate Pastor or Ministerial or Volunteer Supervisor)

Name: _____ Phone: _____

Organization Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone: _____

Applicant's Statement

The information contained in this application is correct and complete to the best of my knowledge. I authorize any references, or organizations; whether or not listed in this application to give you any information (including opinions) that they may have in regards to my character and fitness for volunteer service. In consideration of the receipt and evaluation of this application by New Life Assembly of God, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, 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 compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that I **HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check may be conducted on me, and I consent to any such check.

I (check one of the following two options) waive do not waive
any right that I may have to inspect any information provided about me by any person or organization described above. I have read and understand the above provisions, and agree to them.

Applicants Signature: _____

Date: _____ Print Name _____

Driving Information
----Confidential----

Complete this part if you will drive a vehicle as part of your volunteer service to the church

1. Driver's license number _____

2. State of issue _____

3. Expiration date _____

4. Birthdate _____

5. Type of license:

Operators

Commercial

Chauffeur

Other (please specify) _____

6. Do you have any restrictions on your driver's license?

Yes If yes, please note here: _____

No

7. Have you been involved in any motor vehicle accidents while driving during the past 5 years?

Yes If yes please explain on back

No

8. Have you been convicted of any moving violations during the past 5 years?

Yes If yes please explain on back

No

9. Do you carry liability insurance on your automobile?

Yes If yes please identify the insurance company _____

No If no, do not drive as a volunteer. All volunteer drivers must have liability insurance coverage.

I represent that each of my responses is truthful and accurate. I agree to notify the church within a reasonable time of any changes in the above information.

Signature

Date



NLAG Background Investigation Consent

In connection with my application for volunteer service with New Life Assembly of God, I authorize New Life Assembly of God and, or, their agent, to solicit background information relative to my background references, character, past employment, education, credit history, criminal history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming information contained on my Application and/or obtaining other information which may be material to my qualifications for service, and, if applicable, during the tenure of my service with New Life Assembly of God. I understand that NLAG may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

I authorize without reservation, any person, agency, or other entity contacted by New Life Assembly of God, or their agent, for purposes of obtaining background report information, to furnish the above mentioned information.

I release New Life Assembly of God, their respective employees, their agents 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.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge

Please Print

Last Name _____ First Name _____ Date of Birth _____

City of Birth _____ County _____ State _____

AKA or Maiden Name _____ Social Security Number _____

(Please note: if your address is a rural route or post office box, we must have the city and county that your mail is delivered to.)

Current Address _____ How long at this address? _____
(months, years)

City _____ County _____ State _____ Zip _____

Previous Address _____ How long at this address? _____
(months, years)

City _____ County _____ State _____ Zip _____

Signature _____ Date _____

Please return this form with your Ministry Involvement Application to the appropriate minister or coordinator