

**CENTERPOINT COMMUNITY CHURCH
VOLUNTEER MINISTRY APPLICATION
CONFIDENTIAL**

This application is to be completed by all individuals who are presently or desiring to be involved in ministry at Centerpoint Community Church. Please complete both the front and back side of this sheet. The information provided is confidential and will only be disclosed to the appropriate staff, department heads and/or authorities completing background investigations. Upon completion of this application it is the policy of this church to conduct a criminal background check through an independent contractor. This background check enables us to provide a safe and secure environment for everyone involved in the ministries of this fellowship, including the children/teens entrusted in our care through the ministries of Centerpoint Community Church. We thank you for your willingness to serve.

Name _____ Today's Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth: _____ Social Security Number: _____

Email address: _____ Gender: _____

Marital Status: Married ___ Single ___ Divorced ___ Remarried ___ Separated ___ Widowed ___

Are you a Born-Again Christian? _____ How long have you been a Born-Again Christian? _____

Have you been baptized in water by immersion since you were saved? ___ Yes ___ No

How long have you been attending Centerpoint Community Church? _____

Are you a Member of the Church? _____ How long? _____

Have you ever volunteered in any capacity in our church or another? ___ Yes ___ No What Church? _____

If Yes, Please explain briefly. _____

What do you believe your "ministry gifts" are? _____

Is there a specific area of ministry for which you would like to be considered? _____

Have you ever been convicted of a criminal offense (excluding minor traffic violations)? ___ Yes ___ No

Do you use tobacco, alcohol, pornography or illegal drugs? ___ Yes ___ No

Have you read the attached Christian Life Guidelines, do you agree with, and live by, the principles outlined in the Christian Life Guidelines? ___ Yes ___ No

Authorized Signature _____ Date _____

Please complete the back side of this application.

VOLUNTEER MINSITRY APPLICATION PART II

Have you ever been convicted of a felony or any other criminal offense Yes No

If yes, please explain _____

Have you ever physically, sexually, or emotionally abused a child? Yes No

If yes, please explain _____

Do you view or access any kind of pornography? Yes No

If yes, please explain _____

Applicant's Statement: The information contained in this application is correct to the best of my knowledge. I authorize Centerpoint Community Church and their respective agents to solicit background information relative to my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records. I authorize without reservation, any person, agency, other entity contacted by Centerpoint Community Church or their agents, to furnish the above-mentioned information. I release Centerpoint Community Church, their respective employees, agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the release of any such information or reports.

Authorization Signature _____ Date _____

Please submit at least two **institutional** references, as opposed to personal or family references. (If you will be working with children or teens at Centerpoint we prefer the references are from organizations where you have worked with children or teens in the past.)

Name: _____

Organization: _____

Phone number: _____ Email: _____

Notes:(office use) _____

Name: _____

Organization: _____

Phone number: _____ Email: _____

Notes:(office use) _____

Name: _____

Organization: _____

Phone number: _____ Email: _____

Notes:(office use) _____
