



OFFICE USE ONLY

Ministry Leader Initials:

VOLUNTEER APPLICATION

Ministry Interested in Serving: _____

PERSONAL INFORMATION

Name: _____
Last First (Full) Middle (Full)

Address: _____
Street or PO Box

_____ City State Zip

Date of Birth: ____ - ____ - ____ E-Mail: _____

Home Phone: _____ Cell Phone: _____

How long have you attended Foothills Community Church?: _____ mo's. yr's.

(Please note: Must attend Foothills Community Church a minimum of 6 months before serving in any ministry.)

What other volunteer work experience do you have? *(Please list)*
(Previous ministry experience is not required to volunteer at Foothills Community Church)

Organization	Dates	Contact	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you at any time ever:

- Been arrested for any reason? Yes No
- Been convicted of, or pleaded no contest to, any crime? Yes No
- Participated in, been accused of, convicted of, or pleaded guilty or no contest, to any abuse or sexual molestation? Yes No



122 Grange Ave. // PO Box 797, Molalla, OR 97038 // ph 503.829.5101 fax 503.829.9502

Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No
- Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is “yes”, please explain in detail: _____

(Please note: Foothills Community Church will contact references.)

CHURCH ACTIVITY

What church or churches have you attended in the past 5 years?

Church Name	Pastor's Name	Phone
_____	_____	_____
_____	_____	_____

PERSONAL & SPIRITUAL HISTORY

Write a brief testimony describing how you became a Christian:



122 Grange Ave. // PO Box 797, Molalla, OR 97038 // ph 503.829.5101 fax 503.829.9502

Write briefly about significant events in your life that have impacted you spiritually:

What accountability do you currently have in your spiritual journey? (Life Group, Bible Study, Regular Church Attendance)

What are you doing to aid you in your spiritual journey? In other words, what are you doing to help you grow spiritually?

APPLICANT VERIFICATION & RELEASE

I recognize that the organization to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity in this application, and I further authorize any such person or entity to provide the organization with full information, opinion, and impressions relating to my background or qualifications. In addition, I understand that the Pastors and Children's Ministry Director of Foothills Community Church will be confidentially discussing my application.

I voluntarily release the organization and any such person or entity herein from liability involving the communication of information relating to my background or qualifications.

Signed: _____

Printed Name _____ **Date** _____



122 Grange Ave. // PO Box 797, Molalla, OR 97038 // ph 503.829.5101 fax 503.829.9502