

# **Volunteer Workers Confidential Application**

This application is held in strictest confidence. We realize the sensitive nature of the following questions, but feel it is necessary to ask them in order to know our volunteer workers better and provide support service if necessary. If you have any questions or concerns regarding this application, please contact the Volunteer Coordinator.

### **PERSONAL INFORMATION**

| First Name   | Middle Name              | Last Name                    |                      |  |
|--|--------------------------|------------------------------|----------------------|--|
| Prefix: Mr Ms Mrs Dr   | Spouse Name (If App      | licable)                     |                      |  |
| Street Address   |                          |                              |                      |  |
| City/State   | Zip                      | Home Phone                   |                      |  |
| Email address  |                          | Work Phone                   |                      |  |
| Date of birth  |                          | Cell Phone                   |                      |  |
| Position you would like to volunteer:                            |                          |                              |                      |  |
| How did you hear about MOJ?                                      |                          |                              |                      |  |
| CHURCH INFORMATION  Name and address of church where you attend: |                          |                              |                      |  |
| How long have you been attending?                                |                          |                              | <del> </del>         |  |
| EMPLOYMENT   |                          |                              |                      |  |
| Are you currently employed? Yes                                  | No If yes, list co       | urrent employer. If no, list | most recent employer |  |
| Employer:  | Occupation:              |                              |                      |  |
| Address  | City/\$                  | State                        | Zip                  |  |
| Please describe any training or education the                    | hat has prepared you for | this volunteer work:         |                      |  |

# **REFERENCES** Please do not use relatives Medical and dental providers: please provide professional references.

| Name   | F                               | low Known                |     |                     |
|--|---------------------------------|--------------------------|-----|---------------------|
| Street Address   |                                 |                          |     |                     |
| City/State   | Zip                             | Home Phone               |     |                     |
| Email Address  |                                 | Work Phone               |     |                     |
| Name   |                                 | How Known                |     |                     |
| Street Address   |                                 |                          |     |                     |
| City/State   | Zip                             | Home Phone               |     |                     |
| Email Address  |                                 | Work Phone               |     |                     |
| Name   | How Known                       |                          |     |                     |
| Street Address   |                                 |                          |     |                     |
| City/State   | Zip                             | Home Phone               |     |                     |
| Email Address  |                                 | Work Phone               |     |                     |
|  |                                 |                          |     |                     |
|  |                                 |                          |     |                     |
|  |                                 |                          |     |                     |
| Have you ever been charged with                                    | indicted for, or pled guilty to | a criminal offense?      | Yes | No                  |
| If yes, describe all charges, indictr                              | nents, or convictions.          |                          |     |                     |
| Are you required to register with C                                | klahoma Sex Offender and \      | /iolent Crimes?          | Yes | No                  |
| Do you agree to immediately repo inappropriate to your supervisor? | t any unusual behavior or mi    | isconduct by any other w |     | ns abusive or<br>No |
| Background check required Plea                                     | se provide SSN Sign & Date      |                          |     |                     |

## AUTHORIZATION TO RELEASE RECORDS TO AND TO COMMUNICATE WITH MINISTRIES OF JESUS

| I,, am being considered as a volunteer/employee for Ministries of   | of           |
|---|--------------|
| Jesus (herein after MOJ). I hereby authorize MOJ or any duly appointed agent to call and inquire about my background with my church or prior churches, my employer or prior employers, or any other person or entity that have material information on me. This authority extends without limitation to obtaining any information from church associates, schools and colleges, residential management agent, current or prior employers, criminal justice ager   | may<br>ches, |
| individuals, or other background checks. This information may include, but is not limited to, academic, residential achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records.   |              |
| I authorize and direct anyone who receive a verbal or written request for information from MOJ to give any inform (including opinions) that they may have to MOJ as to my character and fitness for work, specifically including, with limitation, providing childcare and working with children or youth. Recipients of such a request from MOJ are authorized to answer any of MOJ's questions and to release any requested documentation, forms or information to MOJ whether the information is oral or in writing. | nout         |
| Of my own free will and intent, I release any individual, church, company, agency or other person with whom MO conducts an inquiry, including record custodians, both collectively and individually, from any and all liability for any damages of whatever kind of nature that I, my heirs, or family may allege happened to me at any time on account their conveying information about me in their compliance or attempt to comply with said request for information pursuant to this authorization.                 | y            |
| I waive the right to inspect any and all information provided about me to MOJ by any person, regardless of the for information is in. I also waive any right I might have to review, inspect, copy or question MOJ's notes, records, file and information compiled as a result of any background check conducted by MOJ.  |              |
| The information contained in this application is correct to the best of my knowledge. I waive any right I may have inspect references provided on my behalf.  | to           |
| I agree to be bound by the bylaws and policies of this organization and to refrain from unscriptural conduct in the performance of my services on behalf of the organization. <u>I acknowledge that I have read and affirm the MOJ Mission</u> , Purpose Statement, Core Values, and Statement of Faith as presented on the Ministries of Jesus   |              |
| website.  | ı            |
| I further state that I have carefully read the foregoing release and know the content thereof and I sign this release my own free act. A photocopy of this Release and Authorization shall be effective as an original. The Release ar Authorization is not limited as to time.   |              |
| Applicant's name (print):   |              |
| Applicant's Signature: Date:  |              |
| STATEMENT OF CONFIDENTIALITY  |              |
| I understand that the knowledge regarding patients, clients, employees, other workers, anyone coming to MOJ fo reason, tests, procedures, diagnoses, or any other information I acquire by reason of performing services for Mini of Jesus is considered highly confidential and I will never divulge this information in any form at any time.   | -            |
| Board Member Contractor Employee Student Volunteer  |              |
| Applicant's Signature: Date:  |              |

If you are a licensed volunteer: Doctor, Dentist, Nurse, Physician Assistant, Nurse Practitioner, Dental Hygienist, Licensed Counselor, Licensed Social Worker, or LADC, please fill out a Credentialing Packet at Ministries of Jesus.

# **TESTIMONY**

| Please share your testimony regarding your salvation through Jesus Christ: |  |  |
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| How are you growing in your relationship with Josus Christ?                |  |  |
| ow are you growing in your relationship with Jesus Christ?                 |  |  |



### **OUR STATEMENT OF FAITH**

**About God**— God is the Creator and Ruler of the Universe. He has always existed eternally in three persons: the Father, the Son, and the Holy Spirit. *Genesis* 1:1,26-27, 3:22; *Psalm* 90:2; *Matthew* 28:19; 2 *Corinthians* 13:14

**About Jesus Christ**— Jesus Christ is the Son of God. He is equal with the Father. Jesus lived a sinless human life and offered Himself as the perfect sacrifice for the sins of all people by dying on the cross. He arose from the dead after three days to demonstrate His power over sin and death. He ascended to Heaven's glory and will return someday to earth to reign as King of Kings, and Lord of Lords. *Matthew 1:22-23; Isaiah 9:6; John 1:1-5, 14:10-30; Hebrews 4:14-16; 1 Corinthians 15:3-4; Romans 1:3-4; 1 Timothy 6:13-15* 

**About the Holy Spirit**— The Holy Spirit is equal with the Father and the Son. He is present in the world to make men aware of their need for Jesus Christ. He also lives in every Christian from the moment of salvation. He provides the Christian with power for living, understanding of spiritual truth, and guidance in doing what is right. He gives every believer spiritual gift(s) when they are saved. As Christians, we seek to live under His control daily. *2 Corinthians 3:17; John 16:7-15; Acts 1:8; 1 Corinthians 2:12-14; Ephesians 1:13-14* 

**About the Bible**— The Bible is God's word to us. It was written by human authors, under the supernatural guidance of the Holy Spirit. It is the supreme source of truth for Christian belief and living. Because it is inspired by God, it is the truth without any mixture of error. *Psalm 12:6, 119:105,160; Proverbs 30:5; 2 Timothy 3:16-17; 2 Peter 1:19-21* 

**About Human Beings**— People are made in the Spiritual image of God, to be like Him in character. People are the supreme object of God's creation. Although every person has tremendous potential for good, all of us are marred by an attitude of disobedience toward God called "sin." This attitude separates people from God and causes many problems in life. Further, God created human beings immutably as male and female, in His image, for His glory and fellowship. As image-bearers of God, every person has intrinsic value, purpose, and equality. Life is precious at all stages (starting at conception) and should be respected and protected. By God's design, marriage is between one biological man and one biological woman for life. Children are a gift from God, and they are to be raised in the fear and admonition of the Lord. *Genesis* 1:26-27; *Isaiah* 53:6, *Isaiah* 59:1-2; *Romans* 3:23; *Ephesians* 5:22-33; *Matthew* 19:4; *Psalm* 127:3; *Proverbs* 22:6

**About Salvation**— Salvation is God's free gift to us. We can never make up for our sin by self-improvement or good works. Only by trusting in Jesus Christ as God's offer of forgiveness can anyone be born again from sin's penalty. When we turn from our self-ruled life and turn to Jesus in faith, we are saved. Eternal life begins the moment one receives Jesus Christ into his life by faith. *Romans 5:1, 6:23; Ephesians 2:8-9; John 1:1-2, 12, 14, 14:6; Titus 3:5* 

**About Eternal Security**— Because God gives us eternal life through Jesus Christ, the true believer is secure in knowing that their salvation is for eternity. If you have been genuinely saved, you cannot "lose" your salvation. It is maintained by the grace and power of God, not by the self-effort of the Christian. It is the grace and keeping power of God that gives us this security. *John 10:27-30; 2 Timothy 1:12; Hebrews 7:25, 10:10, 14; 1 Peter 1:3-5; 1 John 2:17* 

**About Eternity**— People were created to exist forever. We will either exist eternally separated from God by sin, or eternally with God through forgiveness and salvation. To be eternally separated from God is existing in Hell. To be eternally in union with Him is existing in Heaven. *John 2:25, 3:16, 14:1-4,10:28-30; Romans 6:23; 2 Corinthians 4:18* 

**About Spiritual Warfare**— As believers, we recognize that we are in a war zone, not a playground. We have a real enemy, the Devil. When we become believers, our enemy does not cease his activity. Therefore, we recognize the armor of God as our protection from Satan and his demons. Believers have authority in Christ over all forces of evil. *Ephesians 6:10-18;* 2 *Corinthians 10:3-5; John 10:10; Luke 9:1, 10:17-1* 

**About the Church**— The universal church is made up of all born again believers. The local church is comprised of born-again believers who have joined together, as the Body of Christ, to serve God. The two ordinances of the church are believer's baptism by immersion and the Lord's Supper. *Acts* 2:41-47; *Romans* 12:4-8; 1 Corinthians 12-14; 1 Peter 4:10-11; Ephesians 4:11-12; 1 Corinthians 11:23-24; Matthew 28:18-20

| I acknowledge that I have read and affirm MO   | J's mission, vision, and core values as well as |
|--|---|
| the MOJ Statement of Faith. I agree to support | t and demonstrate these statements and values.  |
| ned:   | Date  |