

ADULT VOLUNTEER/ WORKER APPLICATION

(Must be at least 18 years old to apply)

Please complete the entire application and turn it in the church office. Completion of this form does not constitute acceptance in a ministry position. Thank you for your willingness to serve!

Worker Guidelines

1. Be a member of Skybridge Church
2. Be willing to submit to church authority
3. Attend All Worker Training meetings
4. Be willing to comply with specific departmental guidelines

PLEASE PRINT CLEARLY Department applying for:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Date of Birth: _____ Gender: M F

Marital Status: _____ Spouse's name: _____

Occupation: _____ Employer: _____

When did you accept Jesus as your Lord and Savior? _____

When did you become a member of Skybridge Church? _____

In what other departments are you currently serving? _____

Please list serving/ministry experience at other churches or organizations:

Worker Information Disclosure and Consent

Are you now receiving or have you ever received treatment (residential, outpatient, or medication) for emotional or mental problems? Yes No If yes, please explain: _____

Do you use engage in any type of alcohol or drug abuse? Yes No

Have you ever been charged with sexual abuse or sexual assault? Yes No

Have you ever been charged with child abuse? Yes No

Please disclose any negative information regarding your character, reputation, moral history or criminal history that the church should be aware of: _____

By signing below, I authorize Skybridge Church to obtain information, written, oral or other, from any law enforcement agency, or other persons with knowledge of such information, bearing on my character, general reputation, personal characteristics, mode of living, criminal background and driving background. Skybridge Community Church reserves the right to conduct this inquiry at any time.

The information contained in this application is correct to the best of my knowledge. I authorize my references listed in this application to give you any information (including opinions) that they may have regarding my character. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith without malice.

You are required to update this application in the event there is a change with any information reported.

Signature: Social Security #: _____ - _____ - _____ Date: ____/____/_____

Office Use Only:

Received Date: _____ Reviewed by: _____

Approved by: _____ Decision Date: _____

Comments: _____