



# Volunteer Ministry Application

Thank you for expressing interest in serving in MasterPiece Nursery, MasterPiece Kids Ministry or OneLife Student Ministry. Every week, we surround kids and students with a creative and fun learning environment so they can get to know the awesome God that created them. To maintain our commitment to excellence, we set high standards in the areas of safety and security. The application process, including this application, a background check, interview, and pastoral and personal reference checks, is necessary for preserving our safe environment. In addition to the completion of the application process, each volunteer is expected to live a Christian life and support the Pastors, leaders, and ministries of First Assembly of God in faithful attendance, prayers, and tithing.



MASTERPIECE NURSERY     MASTERPIECE KIDS     ONELIFE STUDENT MINISTRIES

## GENERAL INFORMATION

APPLICATION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
 (First) (Middle) (Last) (Maiden)

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

## FOR OFFICE USE ONLY

BACKGROUND CHECK SUBMITTED DATE: \_\_\_\_\_

BACKGROUND CHECK COMPLETED DATE: \_\_\_\_\_

PASTOR'S SIGNATURE: \_\_\_\_\_

MINISTRY HEAD NOTIFIED DATE: \_\_\_\_\_

_____ APPROVED
_____ DENIED

# LIFESTYLE QUESTIONS

Do you currently use or have you used within the last 5 years any of the following?

Tobacco     Alcohol     Illegal Drugs     Pornography     Obscene Language

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime or are you currently under investigation?

If yes, please explain: \_\_\_\_\_

Have you ever been accused and/or convicted of inappropriate behavior, sexual misconduct, child abuse or a crime involving actual or attempted sexual molestation of a minor?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been involved in an incident of violence? Or are you prone to anger?  Yes  No

# CHRISTIAN EXPERIENCE

How long have you attended First Assembly? Years \_\_\_\_ Months \_\_\_\_

Are you a member of First Assembly?  Yes  No

Have you accepted Christ as your personal Savior?  Yes  No

If yes, Year: \_\_\_\_\_

Have you been baptized in water?  Yes  No

Have you been baptized/filled with the Holy Spirit  
With the evidence of speaking in other tongues? (Acts 2:4)  Yes  No

List any other churches you have faithfully attended in the last 5 years. (Please include Church Name, Pastor of Church, and contact information. Also include the dates you attended.)

1. Church: \_\_\_\_\_ Pastor: \_\_\_\_\_ Years attended: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Church: \_\_\_\_\_ Pastor: \_\_\_\_\_ Years attended: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List the names and contact information of two individuals who could serve as a character reference:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years acquainted: \_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years acquainted: \_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# MINISTRY EXPERIENCE

List all previous experience you have working with Infants, Children or Students.

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List any gifts, callings, training, education, or other factors which have prepared you for Christian Service in general and Nursery/Children's /Student Ministry in particular.

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Check the areas of Ministry below that you have interest in serving.



<p><b>Sunday</b></p> <p><input type="checkbox"/> Nursery 1 (0-1)</p> <p><input type="checkbox"/> Little Links (4-K)</p>	<p><b>Sunday School and Kid's Church</b></p> <p><input type="checkbox"/> Nursery 2 (1-2 1/2)</p> <p><input type="checkbox"/> Special Needs</p>	<p><b>Birth to Kindergarten</b></p> <p><input type="checkbox"/> Nursery 3 (2 1/2-3)</p> <p><input type="checkbox"/> Administrative</p>
<p><b>Wednesday</b></p> <p><input type="checkbox"/> Wednesday Night Nursery</p>	<p><b>Child Care</b></p>	<p><b>Birth to 3 yrs</b></p>
<p><b>Parent/Family Team</b> <input type="checkbox"/></p>		<p><b>Special Events</b> <input type="checkbox"/></p>
<p><b>Commitment:</b> <input type="checkbox"/> 1 x week, <input type="checkbox"/> 2 x month, <input type="checkbox"/> 1 x month</p>		



<p><b>Sunday</b></p> <p><input type="checkbox"/> Media/Tech</p> <p><input type="checkbox"/> Event Team</p>	<p><b>Sunday School and Kid's Church</b></p> <p><input type="checkbox"/> Sunday School Teacher</p> <p><input type="checkbox"/> Kid's Church Volunteer</p>	<p><b>Grades 1-5/6</b></p> <p><input type="checkbox"/> Connect Team</p> <p><input type="checkbox"/> Creative Team</p>
<p><b>Wednesday</b></p> <p><input type="checkbox"/> Media/Tech</p> <p><input type="checkbox"/> Event Team</p>	<p><b>The Gospel Project</b></p> <p><input type="checkbox"/> Teacher of Assistant</p> <p><input type="checkbox"/> Worship Leader</p>	<p><b>Ages 3yrs—6thGrade</b></p> <p><input type="checkbox"/> Connect Team</p> <p><input type="checkbox"/> Creative Team</p>
<p><b>Parent/Family Team</b> <input type="checkbox"/></p>		<p><b>Other</b> _____</p>
<p><b>Commitment:</b> <input type="checkbox"/> 1 x week, <input type="checkbox"/> 2 x month, <input type="checkbox"/> 1 x month</p>		



<p><b>Sunday</b></p> <p><input type="checkbox"/> Media/Tech</p> <p><input type="checkbox"/> Event Team,</p>	<p><b>JV_OneLife</b></p> <p><input type="checkbox"/> Sunday School Teacher</p> <p><input type="checkbox"/> LifeGroup Leader</p>	<p><b>Grades 6-8</b></p> <p><input type="checkbox"/> Connect Team</p> <p><input type="checkbox"/> Creative Team</p>
<p><b>Wednesday</b></p> <p><input type="checkbox"/> Media/Tech</p> <p><input type="checkbox"/> Event Team</p> <p><input type="checkbox"/> Cafe Team</p>	<p><b>OneLife Service</b></p> <p><input type="checkbox"/> Worship Team/Band</p> <p><input type="checkbox"/> Life Group Leader</p>	<p><b>Grades 7-12</b></p> <p><input type="checkbox"/> Connect Team</p> <p><input type="checkbox"/> Creative Team,</p>
<p><b>Commitment:</b> <input type="checkbox"/> 1 x week, <input type="checkbox"/> 2 x month, <input type="checkbox"/> 1 x month</p>		

# BACKGROUND CHECK AUTHORIZATION

Social Security Number: \_\_\_\_\_ (Required for mandatory background check.)

Your signature verifying all information is accurate and current: \_\_\_\_\_  
Signature

# APPLICATION FOR VEHICLE DRIVERS

APPLICATION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

IS THIS A COMMERCIAL DRIVER LICENSE? \_\_\_\_\_ Yes \_\_\_\_\_ No

IN THE PAST THREE YEARS:

1. Have you been at fault for any accidents? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Have you had any moving traffic violations?

3. Have you had any insurance company cancel or refuse to provide you with auto insurance?

4. Have you had your drivers license revoked, suspended, or restricted? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Have you had any physical impairments other than corrective glasses? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Have you ever been charged with or convicted of "driving while Intoxicated" or "driving under the influence"? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If any questions 1-6 have been answered "Yes", please provide full details below: (dates, descriptions, amounts, or other explanation).**

## BACKGROUND CHECK AUTHORIZATION

Your signature verifying all information is accurate/current and authorizing background check:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date