

6. Please describe your previous ministry experience or pertinent training (Prior experience and/or training are not prerequisites to volunteer participation at CBC).

7. Please describe why you decided to serve at Turning Point at Calvary.

8. Have you committed to trust and follow Jesus as your personal Lord and Savior?

____yes ____no

9. Please describe your personal spiritual journey to date:

10. Our desire is that each of us be growing in Christ. Please describe your daily walk with God:

PERSONAL INFORMATION

The following information is very personal. Please know that it will remain confidential and will be considered in light of the life changing and healing power of Jesus Christ.

1. Have you ever been convicted or pleaded guilty to a crime?

____yes ____no If yes, explain: _____

2. Have you ever been convicted, accused of, or have you ever committed any act of physical abuse, sexual abuse, neglect, molestation, or exploitation of a minor?

____yes ____no If yes, explain: _____

3. If there has been alcohol abuse, drug abuse, physical or sexual abuse in your family background, please describe the steps you have taken to overcome the impact that these issues will create for you, both now and in the future.

4. Is there currently any physical abuse, neglect, or unhealthy habits in your life or home?

____yes ____no If yes, explain: _____

5. Have you or anyone else ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction?

___yes ___no

If yes, explain:

6. Are there any circumstances or patterns in your life which would make it inappropriate for you to minister to minors or which would compromise the integrity of Turning Point at Calvary Church?

___yes ___no

If yes, explain:

7. Do you need help addressing any personal issues?

___yes ___no

If yes, explain:

REFERENCES

Please list three people who have known you for at least one year who would be able to attest to your character and to your ability to work with children.

1. Name: _____ Length of time known: _____

Nature of association: _____ Occupation: _____

Address: _____

Home phone: () _____ Work phone: () _____

2. Name: _____ Length of time known: _____

Nature of association: _____ Occupation: _____

Address: _____

Home phone: () _____ Work phone: () _____

3. Name: _____ Length of time known: _____

Nature of association: _____ Occupation: _____

Address: _____

Home phone: () _____ Work phone: () _____

AUTHENTICITY AND AUTHORIZATION

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they have regarding my character and ability to work with children. I authorize the release of the information contained in this application to any ministry at Turning Point at Calvary Church. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I have carefully read and understand the criminal records release (on following page) and sign this release as my own free act.

Applicant's signature: _____ Date: _____

Parent signature (if applicant is a minor): _____ Date: _____

REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION

Important: This section must be completed by every applicant regardless of criminal record.

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state or national. I hereby release local, state and national law enforcement agencies from any and all liability resulting from such disclosure. I further acknowledge that if a criminal background check is conducted as may be required under the federal Child Abuse Prevention and Treatment Act, I may be denied access to children while the application is pending. I further understand that in accordance with this law, if I am denied a position because of a conviction which appears as a result of such search, I may challenge such information.

Signature: _____ Today's date: _____

Print name: _____

Print maiden name (if applicable) _____

Print all aliases: _____

Date of birth: _____ Place of birth: _____

Driver's license number and state: _____ state: _____

Social security number: _____