Last Name First Name Background √ Paid Childcare Youth Assist. Application

For Office Use

New Covenant Bible Church (NCBC) Student Volunteer Application For Children's Ministry

| Name: | Home Phone | | Cell Phone | | | |
|---|---------------------------|--------|---------------|--------------------|---------|-------|
| Address: | City: | | Zip Code: | | | |
| Birthdate (month/day/year) | Best way to contact y | ou? | Home Phone | Cell Phone | Text | Email |
| Email Address: | School Attending | : | Grade: | | | |
| Parent/Guardian 1: | | | | | | |
| Parent/Guardian 2: | | | | | | |
| Do you regularly attend NCBC? | Yes | No |) | If yes, since what | t year: | |
| Are your parents members of New Cove | nant Bible Church? | Yes | No |) | | |
| Would you consider becoming a member | r? | Yes | No |) | | |
| List three personal references, especially the Preferably at least one who is on staff at NC expedite the process.) Providing their email | BC. Do not include relati | | | | | |
| Name: | | Ph | one: | | | |
| EMAIL ADDRESS PREFERREI |) : | | | | | |
| Address | City: | Sta | ıte: | Zip: | | |
| Known how long: | Relationship: | | | | | |
| Name: | | Ph | one: | | | |
| EMAIL ADDRESS PREFERREI |): | | | | | |
| Address | City: | Sta | ite: | Zip: | | |
| Known how long: | Relationship: | | | | | |
| Name: | | Ph | one: | | | |
| EMAIL ADDRESS PREFERREI |) : | | | | | |
| Address | City: | Sta | ite: | Zip: | | |
| Known how long: | Relationship: | | | | | |
| If applicable, list the name of your churc | ch previously attended. | | | | | |
| Name: | | Phone: | | | | |
| EMAIL ADDRESS PREFERRED |): | | | | | |
| Address | City: | | State: | . Z | Zip: | |
| How long did you attend: | Pastoral Contact: | | | | | |

| Do you have a personal relationship with Jesus as your Lord and Savior? If yes, please share your experience: Yes No | | | | | | |
|--|------------------------|--------|--|--|--|--|
| | | | | | | |
| | | | | | | |
| Have you worked with children before? If yes, please explain | Yes | No | | | | |
| | | | | | | |
| What areas, groups, and/or age brackets do you want to work with in Children's Ministry? Please check all that apply: Specifically: | One time Event (| | | | | |
| Sunday Children's Wednesday Children's Other Children's Events | | - | | | | |
| Have you ever been accused, rightly or wrongly, or convicted of any type of sexual or physical abuneglect, or maltreatment of a child, family member, or any other individual? If yes, please explain Or, check here to discuss with a member of NCBC's Equipping Staff. | | No | | | | |
| | | | | | | |
| Have you ever been charged with or convicted of any criminal act including felonies or misdemea excluding minor traffic violations? If yes, please explain (and include state, county and year of c and/or conviction). Or, check here to discuss with a member of NCBC's Equipping Staff. | | No | | | | |
| | | | | | | |
| Is there any physical or mental condition that might limit or in anyway impact your ability to volor that NCBC should know about? If yes, please explain: Or, check here to discuss with a monother to discuss with a monother condition of the cond | | No | | | | |
| | | | | | | |
| Could you refrain from smoking or drinking before and while working with children? | Yes | No | | | | |
| Is there any other information relevant to your suitability to serve as a volunteer in the children's that NCBC should know? If yes, please explain: Or, check here to discuss with a member of NCBC's Equipping Staff. | Ministry Yes | No | | | | |
| | | | | | | |
| Please email a current "head-shot" of yourself, for our volunteer directory to Loretta.Bushlack@your first and last name. When you are done with this form, email it to Loretta Bushlack. | ncbc.church with | | | | | |
| hereby certify that to the best of my recollection and knowledge, the information on this Application is | accurate and has no ma | ateria | | | | |

omissions. I understand that I am applying to be an unpaid volunteer and not an employee.

I authorize representatives of NCBC to take whatever action it deems appropriate in its sole discretion to verify the information on this form and my suitability as a volunteer, including contacting the references listed above and any others including government agencies. I further authorize and release my references, past and present employers, and others to provide information to NCBC about my suitability to serve as a volunteer.

| Signature | Date |
|-----------|------|
| | |