	erences S	Sent)
	Last Name	
	First Name	
	Background √	
	Paid Childcare	
•	Nursery	

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

(Answers to the following do not necessarily qualify or disqualify you as a volunteer. They are used to help us best place you in ministry.) If additional space is required, please use the attached sheet.

Name:	Home or Cell Pho	one:		
Cell Phone: Wo	rk one: Ca	an you receive	calls at work?	Yes No
Address: City		Zip Code:		
Birthday (month/day)	Best way to contact you?	Home Phone	Cell Phone Text	E-mail
Email Address:	, , ,		Thone	
Marital Status: ☐ Never Married ☐ Widowed	☐ Married ☐ Separated	□ Engag □ Divore		
Do you regularly attend NCBC?	Yes	No If y	yes, since what yes	ar:
Are you a member of NCBC?	Yes	No		
Would you consider becoming a member	Yes	No M	ember already	
List three personal references, especially with children. Preferably at least one who (Please include all	those who would know of your of some staff at NCBC. Do not information, so we may exp	ot include rela	atives.	ekground
Name:		Phone:		
EMAIL ADDRESS PREFERRED	:			
Address:	City:	State:	Zip:	
Known how long:	Relationship:			
Name:		Phone:		
EMAIL ADDRESS PREFERRED	<b>:</b>			
Address:	City:	State:	Zip:	
Known how long:	Relationship:			
Name:		Phone:		
EMAIL ADDRESS PREFERRED	<b>:</b>			
Address:	City:	State:	Zip:	
Known how long:	Relationship:			
If applicable, list the name of your church	previously attended.			
Name:	Phone:			
EMAIL ADDRESS PREFERRED:				
Address	City:	State:	Zip:	
How long did you attend?	Pastor: Contac			

Dates

Application

Ref.

Do you have a personal relationship with Jesus as your Lord and Savior? If yes, please share you	ır experienc	ee: 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 ministry? Please Check all that apply: Specifically:		me Events	
☐ Sunday Children's ☐ Wednesday Children's ☐ Other Children's Events		ay prefe	
☐ Sunday Middle School ☐ Wednesday Middle School ☐ Other Middle School Events	9:30		11:05
Sunday High School Wednesday High School Other High School Events	7.30		
Have you ever been accused, rightly or wrongly, or convicted of any type of sexual or physical al neglect, or maltreatment of a child, family member, or any other individual? If yes, please expla Or, check here □ to discuss with a member of NCBC's Equipping Staff.		Yes	No
Have you ever been charged with or convicted of any criminal act including felonies or misdeme excluding minor traffic violations? If yes, please explain (and include state, county and year of and/or conviction). Or, check here □ to discuss with a member of NCBC's Equipping Staff.		Yes	No
Is there any physical or mental condition that might limit or in anyway impact your ability to volunteer or that NCBC should know about? If yes, please explain: Or, check here □ to discumember of NCBC's Equipping Staff.	ss with a	Yes	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 Ministry that NCBC should know? If yes, please explain: Or, check here □ to discuss with a m of NCBC's Equipping Staff.		Yes	No
I hereby certify that to the best of my recollection and knowledge, the information on this Application omissions. I understand that I am applying to be an unpaid volunteer and not an employee.	is accurate a	nd has no	materia
I authorize representatives of NCBC to take whatever action it deems appropriate in its sole discretion this form and my suitability as a volunteer, including contacting the references listed above and any of agencies. I further authorize and release my references, past and present employers, and others to provabout my suitability to serve as a volunteer.	hers includin	g governi	ment
SignatureDate			

## New Covenant Bible Church **Volunteer Application Supplement**

This information is being requested only for the purpose of conducting background checks.

Please print clearly	7			
Full name (full first	, middle, last)			
Previous Name(s), i	f any:			
Gender:		Male	Female	
Date of Birth:				
e-mail you	ach a current "head-shot" on the picture to: Judy.Greeb@nct			, simpl
Years:	•	County _		
Years:	State:	County _		
Years:	State:	County _		
Years:	State:	County _		
Years:	State:	County _		
Years:	State:	County _		
Years:	State:	County		
Years:	State:	County		
Years: Years: I hereby certify that complete. I authorize background that it d	State:  State:  to the best of my recollection ze representatives of NCBC to leems necessary to verify my state.	County County and knowledge, the about conduct any and all in	ove information is acvestigations into my	
complete. I authorize	ze representatives of NCBC to leems necessary to verify my	o conduct any and all inv	vestigations into my	
Signatura	Date			

If needed this page may be used for additional room in answering any question(s) on the Volunteer Application for Children's Ministries at NCBC.