

Name _____



VOLUNTEER APPLICATION & AUTHORIZATION FOR RELEASE FORM

Thank you for applying for ministry at Riverside Church. We are so glad you want to volunteer! This is a form that first, helps the church establish ministry teams. Second, and even more importantly, it is a screening form used by the church to provide a safe and secure environment for children and students who participate in our programs and use our facilities. The information in this application will be kept confidential and only disclosed to those who have a genuine need to know to carry out their responsibility for Riverside Church, or as required by law. Thank you for understanding the necessity of this form. Please return this form to the church office or to the ministry leader who gave it to you.

Desired Involvement (Please circle all areas of interest.)

Riverside Kids -Nursery/Toddlers	College & Career	Worship Team
Riverside Kids- K-5	Young Married	Technical- Sound/Computer
180 Youth	Connect Group Host/Facilitator	Usher/Greeter
Bus Driver	Hospitality	Grounds Maintenance
Changing the Sign	Welcome Center	Special Events

Other _____

Applicant's Statement

1. I will interview with a staff member or team leader.
2. I will uphold the Fundamental Truths of the Assemblies of God. (See attached.)
3. I will be loyal to the pastor and leaders of Riverside Church.
4. I will attend at least one adult service per week.
5. I will prioritize God, my family, and then the church, keeping my home life in order.
6. I will have a neat and clean appearance.
7. I will give a two-weeks-notice if I need to resign from a position that I was assigned to.

Lifestyle (Please circle your responses. Answering "yes" does not disqualify you from ministry.)

Have you received Jesus Christ as the Lord of your life?

Yes No

If yes, approximately when did this decision take place? _____

Do you have any physical limitations or conditions preventing you from performing certain types of activities relating to ministry?

Yes No

Do you presently have any communicable diseases (including HIV or AIDS)?

Yes No

Do you currently use prescription medication?

Yes No

Do you currently drink alcohol?

Yes No

Do you currently use recreational drugs such as marijuana etc?

Yes No

Do you currently view pornography?

Yes No

Have you ever been accused or convicted of child abuse (physical, sexual or neglect) or of a crime involving a minor?

Yes No

CONFIDENTIAL

Personal References

Name _____ Address _____

City/State/Zip _____ Phone _____

Relationship _____

Pastoral References

Name _____ Address _____

City/State/Zip _____ Phone _____

Church Name _____

INFORMATION FOR BACKGROUND CHECK

All information is needed for background check. Please do not omit information. Please print clearly.

Name _____ Date of birth _____

A.K.A. or Maiden Name _____ Social Security # _____

Driver's License # _____ State of Issue _____

Current Address _____

City/State/Zip _____ Phone _____

Signature _____ Date _____

The information in this application is correct to the best of my knowledge. I authorize without reservation, any person, agency, or other entity contacted by Riverside Church Inc., or their agents to solicit background information relative to my criminal history.

I release Riverside Church, Inc., their respective employees and agents and all persons, agencies and entities providing information or reports about me from any liability arising out of the release of any information or reports about me.

Applicant's Signature _____ Date _____