



# rock view church

## Volunteer Application

Please remember to sign and date your application. If you are under 18 years of age, a parent or guardian will also need to sign this application.

Legal Name: \_\_\_\_\_  
*Last First Middle Initial*

Facebook Page: \_\_\_\_\_ Twitter Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell / Pager: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Marital status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Name(s) of children with ages: \_\_\_\_\_

Team(s) I am interested in joining: \_\_\_\_\_

### Background

How long have you been attending this church? \_\_\_\_\_ years \_\_\_\_\_ months

Are you a member of this church?

Yes  No  In Process

Have you accepted Christ as your Lord and Savior?

Yes  No When? \_\_\_\_\_

List any leadership/volunteer experience you have had: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any training, education or spiritual gifts that have shaped you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any other church ministries in which you are involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any physical handicaps or conditions preventing you from performing certain types of activities?

Yes  No If yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime?

Yes  No If yes, please explain \_\_\_\_\_

Have you ever been accused, arrested or convicted of child abuse, neglect, or a crime involving actual or attempted sexual molestation of a minor or other sexually related crime?

Yes  No If yes, please explain \_\_\_\_\_

Do you use illegal drugs?

Yes  No

Have you ever been hospitalized or treated for alcohol or substance abuse?

Yes  No

Are there any circumstances involving your lifestyle or your background that would call into question your ability to work with children?

Yes  No Please explain: \_\_\_\_\_

Have you had any painful experiences in your life that have better equipped you or that may hinder you from a productive ministry with children?

Yes  No

If so, would you like to talk to a pastor regarding this circumstance?

Yes  No

### **Passions and Strengths**

What motivates you? (Write three or four lines on how you like to be encouraged) \_\_\_\_\_

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A daily encouragement for me would be \_\_\_\_\_

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If I had all day to do something for myself, I would \_\_\_\_\_

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The most fun I ever had was when \_\_\_\_\_

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My favorite hobby is \_\_\_\_\_

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My greatest passion in life is \_\_\_\_\_

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One area I am growing in is \_\_\_\_\_

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The greatest strength I possess is \_\_\_\_\_

If you have taken a spiritual gifts assessment, what are your spiritual gifts? \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_