

Volunteer Application Form

Crosswinds wesleyanchurch

PERSONAL

Name _____ Date _____
(Last) (First) (Middle) (Preferred Name/Nickname)

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email Address _____

Birth date: (MM/DD/YY) _____ Male Female

Marital Status: Single Widowed Separated Divorced Living together, not married, with someone of the opposite sex?

Married If Married, Anniversary Date: (mm/dd/yy) _____

FAMILY

Spouse's Name: _____ Birth date: _____

Children's Names: _____ M F Birth date: _____
_____ M F Birth date: _____
_____ M F Birth date: _____
_____ M F Birth date: _____
_____ M F Birth date: _____

EMPLOYMENT, SKILLS, TALENTS, & MISCELLANEOUS

Employer _____ Occupation _____

Product or service _____ Special Training _____

Foreign Languages _____ Special Skills & Talents _____

Favorite Pastimes & Hobbies: _____

What other organizations are you involved with (e.g., volunteer groups, community organizations, Scouts, alumni groups, etc.)? _____

CHURCH, SMALL GROUPS, AND MINISTRY INVOLVEMENT

How did you become involved with Crosswinds? _____

How long have you attended Crosswinds? Month/Year: _____

Are you a regular attendee at Crosswinds? Yes No How many times per month do you attend? _____

Have you completed the Membership Class? Yes No

Are you a Crosswinds Wesleyan Church Member? Yes No

Are you a member of a small group? Yes No

If yes, which one? (Leader/Group Name) _____

Would you like to be in a Small Group? Yes No

What ministries are you now involved in here at Crosswinds? Ministry/Position _____

What ministries are you interested in here at Crosswinds? Ministry/Position _____

What is your reason for volunteering? _____

WALK OF FAITH / CHURCH BACKGROUND

Describe your faith journey. _____

Describe how your life has been impacted since coming to Christ. _____

Describe your current spiritual maturity:

- Not yet a Christian, but seeking
- New / young Christian
- Stable / growing Christian
- Leading / guiding Christian

REFERENCES

Please list persons who are not related to you and who have known you for at least two years, including your pastor.

	Name	Address	Phone	Yrs. acquainted	Relationship
1					
2					
3					

Thank you for taking the time to fill out this required information. We are so grateful you have a desire to volunteer at Crosswinds and we thank God for you!

COMMENTS (COMPLETED BY INTERVIEWER)

NEXT STEPS (COMPLETED AT CONCLUSION OF INTERVIEW)

1. _____

2. _____

3. _____

Applicant's Signature _____ Date: _____

Parent's Signature (if applicant is under age 18) _____ Date: _____

Please complete Page 3 ONLY when applying to serve in our Children, Youth, Crosswinds Downtown, Caring Ministries and/or Celebrate Recovery:

NOTE: This section asks some possibly uncomfortable questions. Our intention is only to protect our children, youth and vulnerable adults to be sure that all volunteers who work with them will be "safe." Thank you for understanding our concerns and for filling out the sections below completely. Thanks for caring about the most vulnerable among us!

Have you ever been arrested, convicted, or pled guilty to a crime? Yes No

If yes, please explain: _____

Have you ever been accused, charged, or alleged to have, or have you ever committed any act of neglecting, abusing, or molesting any child or adult? Yes No

If yes, explain in detail, providing date and place of incident. _____

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction, or has anyone ever suggested that you may have a problem with any of the above? Yes No

If yes, please explain: _____

Have you ever been treated for a psychiatric disorder? Yes No

If yes, please explain: _____

Are there any circumstances or patterns in your life which would make it inappropriate for you to serve with minors or would compromise the integrity of Crosswinds Wesleyan Church? Yes No

If yes, please explain: _____

If at any time I am arrested, convicted or plead guilty to any crime or if I believe I maybe unsuited for ministry with a vulnerable population, I will notify the ministry leader and will voluntarily remove myself from serving in the church until such time as my situation can be reviewed.

YOUR SIGNATURE, VERIFYING ALL INFORMATION:

Applicant's Signature _____ Date: _____

Parent's Signature (if applicant is under age 18) _____ Date: _____