

**HEBRON BAPTIST CHURCH**  
**VOLUNTEER APPLICATION**

This Volunteer Application is being used to help the church provide a safe and secure environment for those who participate in our programs and use our facilities.

**PERSONAL INFORMATION**

1. Name \_\_\_\_\_ Date \_\_\_\_\_  
                    Last                      First                      Middle

2. Area you desire to work in at Hebron Church \_\_\_\_\_

4. Present Address \_\_\_\_\_ How Long at Present Address? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Former Address \_\_\_\_\_ How Long at Former Address? \_\_\_\_\_

Former Address \_\_\_\_\_ How Long at Former Address? \_\_\_\_\_

5. E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_

6. Driver's License # \_\_\_\_\_ State of Issue: \_\_\_\_\_ Type \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

7. Have you ever been known by any other name? Yes \_\_\_ No \_\_\_ if yes, list all other names (include maiden name).

\_\_\_\_\_  
(Use separate page if needed)

8. Have you ever been convicted of or plead guilty to a crime other than a minor traffic violation or are there any changes currently pending against you?

Yes \_\_\_ No \_\_\_ If yes, please explain. Attach a separate page if necessary. \_\_\_\_\_

\_\_\_\_\_

9. Is there any reason, including those that are physical or mental health related, that might keep you from effective work with children/youth or that cause a child potential harm? Yes \_\_\_ No \_\_\_ If yes explain \_\_\_\_\_

\_\_\_\_\_

10. Have you ever been addicted or concerned that you were addicted to drugs, alcohol, pornography, or any other harmful addictions; or has anyone ever suggested that you may have a problem with any of the above?

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

\_\_\_\_\_

11. Do you presently use illegal drugs, alcohol, or tobacco of any kind? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

## CHURCH HISTORY AND PRIOR MINISTRY WORK

**Present Church Membership** \_\_\_\_\_ How Long \_\_\_\_\_

Address if other than Hebron \_\_\_\_\_ Phone Number \_\_\_\_\_

Ministry Area: \_\_\_\_\_

**List other church(s)** where you have been a member, attended, served as a volunteer, or been employed in the past 10 years (use separate page if needed):

Church Name & Address	Phone – Fax – E-Mail	Ministry Areas	Dates of Service

**List non-church work** involving preschool, children, youth or senior adults (Little League, Boy Scouts, YMCA, etc.).

Organization Name & Address	Phone – Fax – E-Mail	Area of Service	Dates of Service

**Personal References** – (Must not be family or Hebron staff)

Name	Address	Phone – Fax – E-Mail

### Read Carefully

In consideration of the receipt and evaluation of this application by **HEBRON BAPTIST CHURCH**, I agree and represent that the information contained in this form is correct to the best of my knowledge. I authorize **HEBRON BAPTIST CHURCH** and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, driver record, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications as a volunteer now and, during my tenure as a volunteer with **HEBRON BAPTIST CHURCH**.

I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. I hereby release any individual, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

This is a legally binding release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original.

Applicant's Signature: \_\_\_\_\_

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

*Please remit to:*  
 Hebron Baptist Church  
 Attn: Human Resources  
 P O Box 279  
 Dacula GA 30019  
 or FAX to 770.513.4716