



HEBRON BAPTIST CHURCH
VOLUNTEER APPLICATION

Please remit completed form to:
Hebron Baptist Church
Attn: Volunteer Coordinator
P O Box 279
Dacula GA 30019
or FAX to 770.513.4716

Department: _____

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. The information requested is needed to process your application. Please complete the form thoroughly so that we can process it quickly. Thank you!

PERSONAL INFORMATION

- 1. Name _____ Date _____
2. Present Address _____ How Long at Present Address? _____
3. Area(s) you desire to volunteer in at Hebron Church:
4. E-mail Address(s) _____ Date of Birth ____/____/____ Age: _____ Gender: _____
5. Marital Status _____ Social Security #: _____ (Over 18, yes, we must have this.☺)
6. Driver's License # _____ State of Issue: _____ Expiration Date ____/____/____ (Yes, need this, too!☺)
7. Have you ever been known by any other name (maiden or nickname)?
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?
9. Is there any reason, including those that are physical or mental health related, that might keep you from effectively working with children/youth or that may cause a child potential harm?
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?
11. Do you presently use illegal drugs, alcohol, or tobacco of any kind?
12. I have received and read the Hebron Church Child Protection Policies. (Required for Approval) Please initial here: _____

CHURCH HISTORY AND PRIOR MINISTRY WORK

Present church membership or attendance: _____ How Long? _____

Address (if other than Hebron) _____ City/State/Zip _____ Phone # _____ Church Website _____

Contact Person(s) _____ Ministry Area(s): _____

Are you a member of a Small Group Bible Study (Sunday school class)? Yes No If Yes, name of group or teacher: _____

Please 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

Please 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

★ **PLEASE GIVE TWO (2) PERSONAL REFERENCES** ~ Yes, we *must* have these to *approve you for service*.

**18 yrs old *Non-family member * Hebron staff members may be used only if you have specific permission prior to application.*

Name	EMAIL	Complete Address	Phone
<i>We would be grateful if you would please write clearly and legibly. Thank you! ☺</i>			
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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: _____

Applicant's Printed Name: _____