



Volunteer Application

Personal Information – Please Print Clearly

Name _____
Last First MI Date of Birth

Address _____
City State Zip

Home Phone _____ Work Phone _____

Mobile Phone _____ Email _____

Facebook _____ Best Time to Contact You _____

Sex: M / F Marital Status: Single / Married If married Spouse's Name: _____

When did you accept Jesus as your Lord and Savior? _____

Prefer to serve:

- 1 Sunday a month
- 2 Sunday's a month
- 5th Sunday of a month
- Other _____ (e.g., Mom's day out / Birthday Parties / Special Meetings)

Is gateway:61 your present church: Yes / No

Volunteer positions held in the past at this Church or others _____

What skills, spiritual gifts, or talents do you have which might be useful in this ministry?

What training or experiences do you have which might be useful in this ministry? (e.g., Certification; Education)

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Personal Information Continued

List any hobbies you are interested in.

Have you been convicted of a criminal offense?

- Yes (If yes, please explain) _____
- No

Have you been convicted of child abuse or sexual abuse or been involved in any activities related to molesting or abusing children/youth?

- Yes
- No

References: (Please provide name and phone number of three references, including a former supervisor)

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

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Emergency Information

List someone we may contact in case of emergency.

Name: _____ Relationship: _____

Phone: _____

Medical Health Summary

Do you have or have you had any health problems/medical conditions? **Yes / No**

If yes, please explain: _____

Medical Release

In the event of an emergency affecting the health or welfare of this participant, gateway:61 has permission to administer first aid and/or transport participant to nearest doctor or hospital for further emergency medical attention as deemed necessary. The individual acting in response to the emergency will be held blameless.

I hereby grant permission for the participant to receive emergency medical treatment, to be hospitalized, and to receive such injections, anesthesia, or operation as may be urgently necessary. In the event medical expenses occur, they will be borne by the participant or parents/guardians of the participant.

I hereby certify that all of the information provided by me (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said document will be cause for denial of volunteer service of the immediate termination of volunteer service regardless of the timing or circumstances of the discovery.

I certify that all information provided in this application is true and complete.

Signature of Applicant

Date: _____

Signature of parent/legal guardian REQUIRED if Applicant is under 18 yrs of age

Date: _____

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Criminal, Driving Record, and Volunteer Information Disclosure and Consent

By signing below, I authorize gateway:61 to obtain information, written, oral or other, from any law enforcement agency, consumer reporting agency, or other persons with knowledge of such information, bearing on my character, general reputation, personal characteristics, mode of living, criminal background and driving background, gateway:61 reserves the right to conduct this investigation at any time.

I am aware that my name, address, telephone number, and email address will be distributed to my Volunteer Team Leader. I give this information to my Volunteer Team Leader voluntarily and knowingly.

The information I have given is correct and you may verify the information listed if necessary. I understand that I am a volunteer at will and that gateway:61 reserves the right to disqualify me from my volunteer position for any reason it deems appropriate, I hereby release and hold gateway:61 harmless from all claims arising under this application.

Signature of Applicant

Date

Signature of parent/legal guardian is **REQUIRED** if applicant is under 18 yrs of age

Date

Applicant's First Name

Middle Name

Last Name

_____/_____/_____
Date of Birth: (MM/DD/YYYY)

_____/_____/_____
Social Security Number

Street Address

City

State

Zip

Email address

(_____)_____
Primary phone number

Driver's License Number

Issuing State

_____/_____/_____
License Expiration Date

Other names used by applicant (if any) _____

Please turn in by depositing in Offering Boxes or mailing to 17550 Wild Horse Creek Rd Chesterfield, MO 63005
Completion of this form does not constitute acceptance in a ministry position. All applicants will be prayerfully considered. Thank you for being willing to serve!

FOR OFFICE USE ONLY

Approved / Disapproved	Date:	Approved By:
Origin Date:	Admin. Dept.	Completion Date:
Reviewed by:	Comments:	