

Cornerstone Church of Skippack VOLUNTEER APPLICATION

E1: _____
E2: _____
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Confidential

PERSONAL

Name _____ Date _____

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Email: _____

Marital Status _____ Number of Children & Ages _____

Age Range: 18 or younger 19 or older Have you lived in Pennsylvania within the last 10 Years? YES NO

MINISTRY BACKGROUND / TESTIMONY

How long have you attended Cornerstone Church? _____

Do you regularly attend worship services? _____

Please list any other churches you have attended regularly in the past 2 years. _____

Have you personally accepted Jesus Christ as Your Lord and Savior? _____

Please describe briefly how you came to faith in Christ: _____

CHILDREN'S MINISTRY

What age groups or ministries are you interested in working with?

Nursery AWANA Children's Choir Vacation Bible School JAF/Cornerstone Kids Group

Sunday School: Pre-School Pre-K & Kindergarten 1st-3rd Grade 4th-6th Grade

Jr. Church: Pre-School Pre-K & Kindergarten 1st-3rd Grade 4th-6th Grade

My experience with children: _____

CHILDREN'S MINISTRY (continued)

Please list any talents, special interests, or skills: _____

Have you ever been asked to step down from a ministry? YES NO

REFERENCES

Non-Family References. Please list two, how you are acquainted and their contact info.:

1. _____ / _____ Phone No.: _____

2. _____ / _____ Phone No.: _____

Ministry Reference. Please list one (if possible) who has ministered with you in a similar capacity:

1. _____ / _____ Phone No.: _____

BACKGROUND (we will discuss these with you before any decisions are made)

All who volunteer must complete a Criminal Record Check and PA Child Abuse History Clearance and any volunteer that has not resided in Pennsylvania within the last 10 years will need a fingerprint check. Volunteers must also complete the state-approved free online training to be a mandated reporter for suspected child abuse.

Have you at any time ever:

Been arrested for any reason? YES NO

Been convicted of, or pleaded guilty or no contest to, any crime? YES NO

Engaged in, or been accused of, any child molestation, exploitation, or abuse? YES NO

During the last five years, used illegal drugs or other illegal controlled substances? YES NO

Are you aware of:

Having any traits or tendencies that could pose any threat to children, youth, or others? YES NO

Any reason why you should not work with children, youth, or others? YES NO

Any controlling sin issue in your life that may compromise your integrity in this ministry? YES NO

If yes, we want to help. Please let an Elder or Pastor know in person.

If the answer to any of these questions is "yes," please explain in detail:

I hereby certify that the information I have provided on this application is true and correct. I authorize Cornerstone Church to contact any person or entity listed on this application and further authorize any such person or entity to provide Cornerstone Church with information, opinions, and impressions relating to my background or qualifications. I voluntarily release Cornerstone Church and any such person or entity listed on this application from liability resulting from such actions. I further authorize Cornerstone Church to conduct a criminal background check.

Signature of Applicant

Date