



**OFFICE USE:**

DATE RECEIVED: \_\_\_/\_\_\_/\_\_\_

APPLICATION #: \_\_\_\_\_

REFERENCES CHECKED BY: \_\_\_\_\_

ELDERS APPROVAL:

Yes [ ] No [ ]

**VOLUNTEER APPLICATION**

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. It will be used as a tool to interview and evaluate a prospective youth worker under the direction of and in authority with the Elders of Timber Lake Christian Church. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. All information will be treated with confidentiality within church leadership.

Today's Date \_\_\_/\_\_\_/\_\_\_

NAME \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Past and present ministries in which you have been involved in the ministry of Timber Lake Christian Church or previous churches.

\_\_\_\_\_

Date of immersion \_\_\_/\_\_\_/\_\_\_

TLCC prefers to use its own members in working with minors. Others, however, may be considered if they agree with the following statements (check all that apply):

\_\_\_ I will submit to the eldership of TLCC in all areas of ministry as it relates to my involvement with TLCC programs and persons.

\_\_\_ I believe the Bible is the inspired, inerrant, authoritative Word of God.

\_\_\_ I believe that the process of "Hearing, Believing, Confessing, Repenting, Immersion, and remaining faithful is the Biblical way someone is saved by Grace and has hope of eternal rest with the Lord. I understand that I would need to support immersion as an essential part of salvation if I work with minors at TLCC.

\_\_\_ I have a growing personal faith in Jesus Christ and strive to walk with him as my Lord and Savior.

Past and present ministries in which you have been involved in the ministry of Timber Lake Christian Church or other churches: \_\_\_\_\_

\_\_\_\_\_

Of what Church were you most recently a member:

Church Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Minister, Youth Minister, staff member, or Sunday School teacher with whom you are well acquainted:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Please list past churches which you have attended and/or been a member: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Type of leadership role for which you are being considered:**

- Teacher       Class Assistant       Substitute       Sponsor       Elder or Deacon
- Paid Staff       After School Program       Child Care       Other \_\_\_\_\_

Age levels with which you would consider working \_\_\_\_\_

List all previous non-church work involving youth (list each organization's name and address, type of work performed, and dates) \_\_\_\_\_

Do you understand that your or your spouse's involvement in the following situations may disqualify you from your leadership role at the church since it may hinder your witness in our church and community? (Please circle)

- Yes – No**      Inappropriate relationships, pornography or a lack of sexual purity.
- Yes – No**      A family breakdown, separation or divorce.
- Yes – No**      Abuse of alcohol, tobacco or any other addictive substances
- Yes – No**      Public demonstration of a lack of financial or relational integrity.
- Yes – No**      Public disrespect for TLCC leadership, policies, and procedures.

*(Growth of social networking opportunities reminds us to be aware that things placed on the Internet by you, or to you in any format is a reflection on our witness for Christ and the Church. Go here to see guidelines to which the TLCC Elders recommend we hold ourselves accountable - [www.christianitytoday.com/cbg/2009/julaug/cansocialnetworking.html](http://www.christianitytoday.com/cbg/2009/julaug/cansocialnetworking.html))*

Our society is forcing us to be informed of any legal action that might be related to the safety of a child placed under the responsibility of Timber Lake Christian Church.

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
Mo/Yr                  Street    City    State/Zip

Previous Address From: \_\_\_\_\_  
Mo/Yr                  Street    City    State/Zip

Previous Address From: \_\_\_\_\_  
Mo/Yr                  Street    City    State/Zip

Social Security # \_\_\_\_\_

Telephone # \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

*Identity must be confirmed with a state drivers license or other photographic information.*

The information contained in this application is correct to the best of my knowledge. I hereby authorize Timber Lake Christian Church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Timber Lake Christian Church or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Timber Lake Christian Church, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE