

c|Life Volunteer Information Sheet

Personal Information

Name (last, first)		Maiden Name (if applicable)	
Present Address	City	State/Zip	How Long At This Address? _____ <small>of less than 5 years list previous address</small>
Previous Address	City	State/Zip	Marital Status
Date of Birth	Drivers License Number and state issued		Home Phone Number
Cell Number	Email Address		

References

should be 18 years old and not related to you

Name		Relationship		
Address	City	State/Zip	Phone Number	Years Known
Name		Relationship		
Address	City	State/Zip	Phone Number	Years Known

Ministry Information

BRIEFLY DESCRIBE HOW YOU CAME TO ACCEPT CHRIST AS YOUR SAVIOR _____

HAVE YOU HAD BELIEVERS BAPTISM? _____ WHERE _____ WHEN _____

PLEASE LIST THE AREAS OR AGE GROUPS YOU ARE INTERESTED IN WORKING WITH _____

Background Check Information

THIS AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION ACKNOWLEDGES THAT COMMUNITY LIFE CHURCH MAY NOW OR AT ANY TIME THAT I AM IN A VOLUNTEER SERVICE, CONDUCT INVESTIGATIONS WHETHER THE RECORDS ARE OF PUBLIC PRIVATE OR CONFIDENTIAL NATURE. THIS INVESTIGATIONS MIGHT INCLUDE, BUT ARE NOT LIMITED TO, DRIVING RECORDS, EDUCATIONAL REFERENCE, CREDENTIAL REFERENCE, PERSONAL REFERENCE, NAME VERIFICATION, SOCIAL SECURITY INFORMATION, COUNTY CIVIL COURT RECORDS, COUNTY FELONY CRIMINAL HISTORY, COUNTY MISDEMEANOR OR CRIMINAL HISTORY, FEDERAL VICIL RECORDS AND CRIMINAL HISTORY (STATEWIDE, FEDERAL OR EXTENDED)

I FULLY UNDERSTAND THIS DOCUMENT AND AUTHORIZE THE BACKGROUND VERIFICATION. I ALSO CERTIFY THAT THE ANSWERS PROVIDED ARE ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT FAILURE TO COMPLETE THIS FORM, INTENTIONAL OMISSIONS OR MISSTATEMENTS MAY RESULT IN REFUSAL OF VOLUNTEER ELIGIBILITY.

Volunteer Signature _____ Date _____

Ministry Statement: As a staff member of Community Life Church I will keep all information on this document secure and confidential to protect the individual's character.

Staff Signature _____ Date _____