

# Volunteer Application

Word of Life Baptist Church

Alpena MI 49707

(989) 354-8019



Thank you for expressing an interest in the Children's Ministry of Word of Life Baptist Church! Our goal is to surround the children with a creative, loving and fun learning environment that leads them to a better relationship with the awesome God that created them.

## GENERAL INFORMATION:

This information will remain confidential and only be used by Word of Life administrative staff for the purpose of carrying out their responsibilities, or as required by law.

Your Name: \_\_\_\_\_ Spouse's: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## BACKGROUND INFORMATION:

1. Do you regularly attend Sunday worship at Word of Life Baptist Church? \_\_yes \_\_no  
If yes, since when? \_\_\_\_\_

2. Are you a member of Word of Life? \_\_yes \_\_no \_\_in the process  
(Membership is encouraged but not required for all positions.)

3. Have you committed to trust and follow Jesus as your personal Lord and Savior? \_\_\_\_\_

4. In what area(s) do you want to serve? [ ] 1<sup>st</sup> service [ ] 2<sup>nd</sup> service [ ] Either service [ ] Other  
[ ] Infants [ ] Toddlers [ ] 2-3's [ ] 4's-Kindergarten  
[ ] 1<sup>st</sup>- 5<sup>th</sup> grade Life Lessons [ ] KW2 [ ] AWANA  
[ ] Kids Club [ ] VBS [ ] Gym Supervisor [ ] Registration Desk [ ] Greeter

5. Please describe why you want to serve. Please include any talents, training or interests that you would like to use.

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**REFERENCES:**

Please list two people, **unrelated to you**, who have known you for at least one year, and who would be able to attest to your character and to your ability to work with children.

1. Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_  
 Nature of association: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_  
 Nature of association: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION**

**Important! This section must be completed by every applicant regardless of criminal record.**

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state or national. I hereby release local, state and national law enforcement agencies from any and all liability resulting from such disclosures. I further acknowledge that if a criminal background check is conducted as may be required under the federal Child Abuse Prevention and Treatment Act, I may be denied access to children while the application is pending. I further understand that in accordance with this law, if I am denied a position because of a conviction that appears as a result of such search, I may challenge such information.

- I hereby give Word of Life Baptist Church permission to complete background checks annually upon the month of my birthday.
- The information contained in this application is correct to the best of my knowledge.

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 (For those under 18 years – By signing, parents are giving their child permission to work in the children's ministries along with WOL doing a background check)

Youth Pastor's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 (For those under 18 years)

Print name: \_\_\_\_\_ Print Maiden name (If applicable): \_\_\_\_\_

Print all aliases: \_\_\_\_\_

**NOTE:** Word of Life Baptist Church will only be conducting a Michigan State Police background check and the National Registered Sexual Offenders Public Database. Other state criminal background checks may be done if the applicant moved to Michigan from another state. We will not be conducting a check of any of the following: financial records, credit check, driving record, or employment history without gaining your prior written permission.

## Child Protection Plan

I understand:

1.  the bathroom policies and the "Two Adult Rule."
2.  that ministry leaders need to know if I am going to be absent or unable to serve. I will find someone to switch with me or notify the Ministry Team Leader beforehand.
3.  that I am expected to treat others as Jesus would treat them if He were in my place. We never spank or physically strike a student and we never speak harshly or shamefully.
4.  that I am responsible for attending a worship service at least three times a month unless away or ill. My commitment to serving at WOL will not replace my own worship and learning time.
5.  I must attend ministry specific orientations and trainings.

Any sexual contact or sexualized behavior with a minor is a betrayal of sacred trust and is an exploitation of power which violates those who are vulnerable and absolutely will not be tolerated. WOL is committed to investigate any and all allegations of misconduct either independently or in cooperation with a formal investigation that may include legal authorities. The alleged perpetrator will be asked to stop all ministry involvement throughout the time of the investigation until a decision is made.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE RULES, POLICIES AND GUIDELINES CONTAINED HEREIN. FURTHER, I GIVE WORD OF LIFE BAPTIST CHURCH PERMISSION TO REQUEST CRIMINAL RECORDS AS NECESSARY.

Print Full Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(include maiden name if applicable)

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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For office use only:

Criminal background check completed on: \_\_\_\_\_ (date)

Status: (circle one) approved not approved pending

Verification of Membership: \_\_\_\_\_ (date)

Notes:

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