



The Rock Church.info

Connecting people to Life!

Volunteer Application

This application is to be completed by all volunteer applicants for any position within The Rock Church. It is used to help the church provide a safe and secure environment for those who participate in our programs and use our facilities.

Applicants under 18 years of age need to have a parent/guardian signature when applying.

Christians who are in places of responsibility in the church are required to be examples in faith, conduct, and business affairs. Maintaining a high standard for workers is one of the best ways to present Christ to the people of our community. Therefore, the following guidelines will be required of any person who works in any area of The Rock Church, Grid 29:11 Youth Ministry, and LifeSavers Children's Ministry.

General Information

Date: ___/___/___

Legal First Name: _____

Legal Last Name: _____

Maiden Name: _____

Home Phone: () ___ - ___ Cell Phone: () ___ - ___

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Email Address: _____

Birthday (mm/dd/yyyy): ___/___/___ Number of Children: _____

Workplace: _____ Work Phone Number: () ___ - ___

May we contact you at work? Yes No

Are you over the age of 18? Yes No

Marital Status: Married Single

If married: Spouse Name: _____

If married, date of anniversary (mm/dd/yyyy): ____/____/____

Christian Experience

Are you a member of The Rock Church? Yes No

How long have you attended The Rock Church? _____

If under 18, do your parents attend The Rock Church? Yes No

Have you received Jesus Christ as your personal Lord and Savior? Yes No

If yes, where? _____ Year: _____

Have you been baptized in water? Yes No

If yes, where? _____ Year: _____

Have you been baptized in the Holy Spirit? Yes No

If yes, where? _____ Year: _____

Do you tithe on a regular basis to The Rock Church? Yes No

Christian Ministry Experience

List other Churches you have attended regularly during the past five years.

Church Name: _____

Church Name: _____

Dates Attended: _____

Dates Attended: _____

City/State: _____

City/State: _____

Pastor: _____

Pastor: _____

Reason for leaving: _____

Reason for leaving: _____

List any gifts, callings, training, education, or other factors which have prepared you for Christian service

Have you ever been involved in other areas of ministry? Yes No

If yes, where? _____ Year: _____

With what organization? _____

Why do you want to volunteer at The Rock Church?

Desired Involvement

Please indicate the areas of ministry you would like to serve in order of preference (1st, 2nd, 3rd...).

RC Media

___ Computer Operator

___ Audio/Sound

___ Video

___ Lighting

___ Event Photographer

RC Creative Worship

___ Vocalist

___ Musician - List Instrument(s)

GRID 29:11 (Youth Ministry)

Additional background check required; page 6

- Greeter/Check In
- Security
- Sr. High - College Age Ministry
- Jr. High Ministry
- GRID 29:11 Cafe
- GRID 29:11 Friday Nights

LifeSavers Children's Ministry

Additional background check required; page 6

- LimeLights (Infant - 2.5 years)
- LemonLiners (2.5 - 4.5 years)
- CherryChooChoos (Pre-K - Kindergarten)
- Heroes (1st - 3rd Grade)
- 540 (4th - 5th Grade)

First Impressions Team

- Greeter
- Usher
- Transportation
- Guest Services
- Food Services
- Facilities Team

Other

- Adult Ministries
- Women's Ministry
- Men's Ministry
- RC Cafe
- Care Ministry
- RC Coffee

References

References (Include previous Pastoral if applicable. No employees or relatives)

1. Name: _____	2. Name: _____
Address: _____	Address: _____
_____	_____
Phone Number: _____	Phone Number: _____
Relationship: _____	Relationship: _____
Email Address: _____	Email Address: _____
3. Name: _____	4. Name: _____
Address: _____	Address: _____
_____	_____
Phone Number: _____	Phone Number: _____
Relationship: _____	Relationship: _____
Email Address: _____	Email Address: _____

I hereby acknowledge the information provided is accurate and honest. I authorize any references or churches listed in this application to provide The Rock Church any information they may have regarding my character and fitness for ministry. I clearly understand that failure to keep any of the above qualifications may be grounds for dismissal.

Signature: _____ Date: _____

If applicant is under 18 years of age:

Parent/Guardian Signature: _____ Date: _____

Authorization for Release of Information

For those who wish to volunteer in TVM and/or LifeSavers Children Ministry. The Rock Church respects and holds your privacy in the utmost regard. Information will not be discussed or published outside of basic requirements for background checks. If over the age of 18, please complete this form for background check purposes.

In connection with my application for volunteer service with The Rock Church, I authorize The Rock Church to solicit background information relative to my criminal history. I understand that The Rock Church may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

I authorize without reservation, any person, agency, or other entity contacted by The Rock Church for purposes of obtaining background report information, to furnish the above mentioned information.

I release The Rock Church, their respective employees, and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Please Print

****If your address is a rural or post office box, we must have the city and county where your mail is delivered.****

Date: ___/___/___

First Name: _____ Last Name: _____ Middle Initial: _____

Date of Birth (mm/dd/yyyy): ___/___/___ City of Birth: _____

County of Birth: _____ State of Birth: _____

A.K.A.s/Maiden Name: _____

Social Security Number: ___ - ___ - ___

Current Address: _____

City: _____ State: _____ Zip Code: _____

How long at this address? Years: _____ Months: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

How long at this address? Years: _____ Months: _____

Signature: _____ Date: _____

Thank you for applying to volunteer at The Rock Church. Please return your completed application to the Information Kiosk.