



*Please answer each question fully and accurately. Please do not assume that certain responses would cause you to be disqualified from consideration. Use a separate sheet of paper if you do not have enough room on this application for your answers or comments. ALL INFORMATION SUPPLIED WILL BE KEPT CONFIDENTIAL BY THE MINISTRY LEADERS AND PASTORAL STAFF.*

**PERSONAL INFORMATION**

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

What type of ministry work do you prefer? \_\_\_\_\_

On what date would you be available? \_\_\_\_\_ Minimum length of commitment \_\_\_\_\_

Marital Status: Married \_\_\_ Single \_\_\_ Engaged \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Widowed \_\_\_

Do you use tobacco? \_\_\_\_\_ Drink alcoholic beverages? \_\_\_\_\_ Use nonprescription drugs? \_\_\_\_\_

Have you any physical handicaps or conditions preventing you from performing certain types of activities? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, please explain: \_\_\_\_\_

Have you ever been convicted of a criminal offense (excluding minor traffic violations)? If so, please explain: \_\_\_\_\_

**If applicant is under 16 years of age**

Parents/Guardians name: \_\_\_\_\_  
Father Phone

\_\_\_\_\_  
Mother Phone

Who does child live with? \_\_\_\_\_ Father \_\_\_\_\_ Mother Child's Age: \_\_\_\_\_ Child's grade: \_\_\_\_\_

What school does child attend? \_\_\_\_\_ Phone: \_\_\_\_\_

Yes:

I agreed for my child to volunteer at Living Word.

I understand that it is Living Word's policy to do a Background Check on anyone who volunteers.

I agree for Living Word to perform a background check on my child.

I will assist my child in filling out Background Check Application.

Parent/Guardian Signature: \_\_\_\_\_

## CHURCH ACTIVITY

Are you a Christian? \_\_\_\_\_ When saved? \_\_\_\_\_ Baptized in the Holy Spirit (Acts 2:4)? \_\_\_\_\_

Name of church of which you are a member \_\_\_\_\_

List (name and address) other churches you have attended regularly during the past five years.

Church Name	Address	Phone

List all previous church or volunteer work:

Church Name	Type of Work	Supervisor	Phone

Have you ever been asked to leave a church for any reason? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any gifts, callings, training, education, or other factors that have prepared you for volunteer work.

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### PERSONAL REFERENCES

(Not former employers or relatives)

(If applicant is under 16 he/she may use teachers or relatives)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

### APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for any volunteer work, and I release all such evaluations to you.

Should my application be accepted, I agree to be bound by the Constitution and Bylaws and policies of Living Word Christian Center, and to refrain from unscriptural conduct in the performance of my services on behalf of the church. **I have carefully read this release and know the contents; I sign this release on my own free will.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian of Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicant is under 16 year of age Parent/Guardian needs to confirm child understands Application Statement)

# LIVING WORD CHRISTIAN CENTER

## Authorization for Release of Background Information | CONFIDENTIAL

I hereby authorize Living Word Christian Center, its employees, agents, or any representative of the above named company, to perform investigations into my background, past behavior, character, and reputation.

***Investigative reports may include criminal history or arrest records.***

***I authorize custodians of the records of any agency or company as described herein to release such information upon request of any investigator, agent, or representative of the Company named above. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my involvement at Living Word.***

I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release. I indemnify, release and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigators, disclosures, or admissions.

\_\_\_\_\_  
**Applicant Full Name (Printed)**

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

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Applicant Address**

\_\_\_\_\_  
**City/State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Applicant Signature (Required to process application)**

\_\_\_\_\_  
**Date**

Thank you for choosing to serve at Living Word Christian Center. We appreciate you so much for your commitment. God Bless you, and your ministry. We encourage you to continue to seek Him in all that you do.

God Bless, Living Word Staff