



APPLICATION FORM
 FOR VOLUNTEER
 POSITION
 (IN CHILDREN/YOUTH
 MINISTRIES)

PERSONAL

Name: _____

Address: _____

Phone (Home): _____

Phone (Work): _____

Phone (Cell): _____

Residential History: (Please include cities and states for the last seven {7} years)

City:

State:

E-Mail Address: _____

Previous Church Home (w/city and state): _____

Have you attended the AABC Prospective Members Class? Yes No

Are you a member of AABC? Yes No

Have you read the AABC Doctrinal Statement? Yes No

Do you agree with it? Yes No (If not, please explain): _____

REFERENCES

List below the names of two persons, not related to you, with whom you have worked with in a ministry context and whom we may contact.

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Years acquainted with you: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Years acquainted with you: _____

APPLICANT’S STATEMENT—PLEASE READ CAREFULLY!

In consideration of the receipt and evaluation of this application by the church, I agree and represent that:

- The information contained in this application is correct to the best of my knowledge. I understand and agree that providing false and misleading information on this application is grounds for my immediate dismissal, if I am selected to be a volunteer.
- I authorize any references, schools, current or former employers, current or former supervisors, churches or denominational agencies, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. I hereby release any individual, employer, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** A facsimile or photocopy of this authorization shall be as valid as the original.

Print Name

Signature

Date