

Volunteer Worker Application

Christ's Church of Oronogo

Confidential

You may choose to leave any areas blank, however, one of the staff ministers will contact you to supply the information in person.

Personal: (Print clearly)

Name _____ Present mailing address _____

City _____ State _____ Zip _____

Phone: Home () _____ Work () _____ Cell _____

Email address _____

Current Employer _____

Sex: M F Birth date: _____ Marital Status: (circle one) M S D

No. of children _____ Spouse's name (if married): _____ Anniv. date _____

Are you a member of CCO? Yes No How long? _____ When were you baptized? _____

Areas of Interest :

On the left, please check which are your areas of interest, then on the right, prioritize them numerically.

- | | | | |
|---|--------------------------|--|--------------------------|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> | <input type="checkbox"/> Organizing Events | <input type="checkbox"/> |
| <input type="checkbox"/> Helping in Class | <input type="checkbox"/> | <input type="checkbox"/> Organizing Materials | <input type="checkbox"/> |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> | <input type="checkbox"/> Cleaning | <input type="checkbox"/> |
| <input type="checkbox"/> Greeting | <input type="checkbox"/> | <input type="checkbox"/> Decorating | <input type="checkbox"/> |
| <input type="checkbox"/> Ushering | <input type="checkbox"/> | <input type="checkbox"/> Computers | <input type="checkbox"/> |
| <input type="checkbox"/> Ministry Team Leader | <input type="checkbox"/> | <input type="checkbox"/> Audio/Media | <input type="checkbox"/> |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> | <input type="checkbox"/> Crafts | <input type="checkbox"/> |
| <input type="checkbox"/> Prayer Partner | <input type="checkbox"/> | <input type="checkbox"/> Leading Worship | <input type="checkbox"/> |
| <input type="checkbox"/> Building Relationships | <input type="checkbox"/> | <input type="checkbox"/> Playing Instrument(s) | <input type="checkbox"/> |
| <input type="checkbox"/> Missions | <input type="checkbox"/> | <input type="checkbox"/> Drama | <input type="checkbox"/> |
| <input type="checkbox"/> Communion Preparation | <input type="checkbox"/> | <input type="checkbox"/> Discipleship Leader | <input type="checkbox"/> |
| <input type="checkbox"/> Refreshment Prep. | <input type="checkbox"/> | <input type="checkbox"/> Tutoring | <input type="checkbox"/> |
| | | <input type="checkbox"/> Other _____ | |

What age group do you desire to work with?

Nursery ___ 2's&3's ___ 4's&5's ___ K-4th ___ 5th-6th ___ Jr High ___ High School ___

Which adult service(s) will you normally be attending? ___ Sun.AM, 1st service ___ Sun.AM, 2nd service
___ Sun.AM, 3rd service ___ Sun.PM ___ Wed.PM ___ Small Group (which night?) _____

Which times would you be available to serve? ___ Sun.AM, 1st service ___ Sun.AM, 2nd service
___ Sun.AM, 3rd service ___ Sun.PM ___ Wed.PM ___ Other _____

References:

Please list all previous church work involving young people (identify church and type of work):

List all gifts, training, education or other factors that have prepared you to work with youth or children:

Would you attend periodic volunteer training sessions? Yes No

Have you ever been accused, charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft or motor violations)? Yes No

If yes, would you be willing to discuss this with a staff member? Yes No

Please list three personal references (excluding relatives or former employers):

1. Name: _____ How long you have known them: _____

Address: _____

Daytime phone: _____ Evening phone: _____

2. Name: _____ How long you have known them: _____

Address: _____

Daytime phone: _____ Evening phone: _____

3. Name: _____ How long you have known them: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Applicant's Statement:

The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to any references in this application to give you any information that they may have regarding my character and fitness to work with Children/Youth.

I authorize Christ's Church of Oronogo to perform a criminal records check for arrests, conviction, or other information any local, county, state, or federal criminal enforcement agency may have regarding me and release such information to Christ's Church of Oronogo..

I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application.

I have read through the CCO Children & Youth Worker's Handbook. Yes No.

I agree with the core beliefs and mission statement of the church which are in the CCO Children & Youth Worker's Handbook. Yes No

Applicant's signature: _____ Date: _____

