Studen	New Covenant Bible Church t Volunteer Application For (. ,	's Ministry	
Name:	Home Phone	Cell Phone		
Address:	City:	Zip Code:		
Birthdate (month/day/year)	Best way to contact you?	Home Phone	Cell Text Phone	Eı
Email Address:	School Attending:		Grade:	
Parent/Guardian 1:				
Parent/Guardian 2:				
Do you regularly attend	d NCBC? Yes	No If	yes, since what year:	
Are your parents mem	bers of New Covenant Bible Church?	Yes No		
Would you consider be	coming a member?	Yes No		
Preferably at least one w	ences, especially those who would know of your expe ho is on staff at NCBC. <u>Do not include relatives.</u> oviding their email is preferred.			
Name:		Phone:		
EMAIL ADDRESS	PREFERRED:			
Address	City:	State:	Zip:	
Known how long:	Relationship:			
Name:		Phone:		
EMAIL ADDRESS	PREFERRED:			
Address	City:	State:	Zip:	
Known how long:	Relationship:			
Name:		Phone:		
EMAIL ADDRESS	PREFERRED:			
Address	City:	State:	Zip:	
Known how long:	Relationship:			
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If applicable, list the na	me of your church previously attended.			
If applicable, list the na Name:	me of your church previously attended.	Pł	none:	
		Pł	ione:	
Name:		Pł State:	zip:	

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Do you have a personal relationship with Jesus as your Lord and Savior? If yes, please share your experie	nce: Yes	No	
Have you worked with children before? If yes, please explain	Yes	No	
		e time Event Only state event at left:	
Sunday Children'sWednesday Children'sOther Children's Events		-	
Have you ever been accused, rightly or wrongly, or convicted of any type of sexual or physical abuse, neglect, or maltreatment of a child, family member, or any other individual? If yes, please explain: Or, check here to discuss with a member of NCBC's Equipping Staff.	Yes	No	
Have you ever been charged with or convicted of any criminal act including felonies or misdemeanors, excluding minor traffic violations? If yes, please explain (and include state, county and year of charge and/or conviction). Or, check here to discuss with a member of NCBC's Equipping Staff.	Yes	No	
Is there any physical or mental condition that might limit or in anyway impact your ability to volunteer or that NCBC should know about? If yes, please explain: Or, check here to discuss with a member of NCBC's Equipping Staff.	Yes	No	
Could you refrain from smoking or drinking before and while working with children?	Yes	No	
Is there any other information relevant to your suitability to serve as a volunteer in the children's Ministry that NCBC should know? If yes, please explain: Or, check here to discuss with a member of NCBC's Equipping Staff.	y Yes	No	

Please email a current "head-shot" of yourself, for our volunteer directory to Loretta.Bushlack@ncbc.church with your first and last name. When you are done with this form, email it to Loretta Bushlack.

I hereby certify that to the best of my recollection and knowledge, the information on this Application is accurate and has no material omissions. I understand that I am applying to be an unpaid volunteer and not an employee.

I authorize representatives of NCBC to take whatever action it deems appropriate in its sole discretion to verify the information on this form and my suitability as a volunteer, including contacting the references listed above and any others including government agencies. I further authorize and release my references, past and present employers, and others to provide information to NCBC about my suitability to serve as a volunteer.