

## New Covenant Bible Church (NCBC) Adult Volunteer Application For Student Ministry

(Answers to the following do not necessarily qualify or disqualify you as a volunteer. They are used to help us best place you in ministry.) If additional space is required, please use the attached sheet.

|              |                     |
|--------------|---------------------|
|              | <b>Last Name</b>    |
|              | <b>First Name</b>   |
|              | <b>Background</b> ✓ |
|              | <b>Training</b>     |
|              | <b>Application</b>  |
| <b>Dates</b> | <b>Ref.</b> _____   |

|  |                    |                                       |           |                                   |                   |
|--|--------------------|---------------------------------------|-----------|-----------------------------------|-------------------|
| <b>Name:</b>   |                    | <b>Home or Cell Phone:</b>            |           |                                   |                   |
| <b>Cell Phone:</b>   | <b>Work Phone:</b> | <b>Can you receive calls at work?</b> |           | <b>Yes</b>                        | <b>No</b>         |
| <b>Address:</b>  |                    | <b>City:</b>                          |           | <b>Zip Code:</b>                  |                   |
| <b>Birthday (month/day)</b>  |                    | <b>Best way to contact you?</b>       |           | <b>Home Phone</b>                 | <b>Cell Phone</b> |
|  |                    |                                       |           | <b>Text</b>                       | <b>E-mail</b>     |
| <b>Email Address:</b>  |                    |                                       |           |                                   |                   |
| <b>Marital Status:</b>   |                    |                                       |           |                                   |                   |
| <input type="checkbox"/> Never Married   |                    | <input type="checkbox"/> Married      |           | <input type="checkbox"/> Engaged  |                   |
| <input type="checkbox"/> Widowed   |                    | <input type="checkbox"/> Separated    |           | <input type="checkbox"/> Divorced |                   |
| <b>Do you regularly attend NCBC?</b>   |                    | <b>Yes</b>                            | <b>No</b> | <b>If yes, since what year:</b>   |                   |
| <b>Are you a member of NCBC?</b>   |                    | <b>Yes</b>                            | <b>No</b> |                                   |                   |
| <b>Would you consider becoming a member?</b>   |                    | <b>Yes</b>                            | <b>No</b> | <b>Member already</b>             |                   |
| <b>List three personal references, especially those who would know of your experiences, behavior or background with students. Preferably at least one who is on staff at NCBC. Do not include relatives. (Please include all information, so we may expedite the process.)</b> |                    |                                       |           |                                   |                   |
| <b>Name:</b>   |                    | <b>Phone:</b>                         |           |                                   |                   |
| <b>EMAIL ADDRESS PREFERRED:</b>  |                    |                                       |           |                                   |                   |
| <b>Address:</b>  |                    | <b>City:</b>                          |           | <b>State:</b>                     | <b>Zip:</b>       |
| <b>Known how long:</b>   |                    | <b>Relationship:</b>                  |           |                                   |                   |
| <b>Name:</b>   |                    | <b>Phone:</b>                         |           |                                   |                   |
| <b>EMAIL ADDRESS PREFERRED:</b>  |                    |                                       |           |                                   |                   |
| <b>Address:</b>  |                    | <b>City:</b>                          |           | <b>State:</b>                     | <b>Zip:</b>       |
| <b>Known how long:</b>   |                    | <b>Relationship:</b>                  |           |                                   |                   |
| <b>Name:</b>   |                    | <b>Phone:</b>                         |           |                                   |                   |
| <b>EMAIL ADDRESS PREFERRED:</b>  |                    |                                       |           |                                   |                   |
| <b>Address:</b>  |                    | <b>City:</b>                          |           | <b>State:</b>                     | <b>Zip:</b>       |
| <b>Known how long:</b>   |                    | <b>Relationship:</b>                  |           |                                   |                   |
| <b>If applicable, list the name of your church previously attended.</b>  |                    |                                       |           |                                   |                   |
| <b>Name:</b>   |                    | <b>Phone:</b>                         |           |                                   |                   |
| <b>EMAIL ADDRESS PREFERRED:</b>  |                    |                                       |           |                                   |                   |
| <b>Address:</b>  |                    | <b>City:</b>                          |           | <b>State:</b>                     | <b>Zip:</b>       |
| <b>How long did you attend?</b>  |                    | <b>Pastoral Contact:</b>              |           |                                   |                   |

|  |  |   |           |
|--|--|---|-----------|
| <b>Do you have a personal relationship with Jesus as your Lord and Savior? If yes, please share your experience:</b>   |  | <b>Yes</b>  | <b>No</b> |
|  |  |   |           |
| <b>Have you worked with students before? If yes, please explain</b>  |  | <b>Yes</b>  | <b>No</b> |
|  |  |   |           |
| <b>What areas, groups, and/or age brackets do you want to work with in ministry?</b>   |  | <input type="checkbox"/> One time Events Only<br>State event at left: |           |
| <b>Please Check all that apply: Specifically:</b> _____  |  |   |           |
| <input type="checkbox"/> Sunday Children's   | <input type="checkbox"/> Wednesday Children's    | <input type="checkbox"/> Other Children's Events                      |           |
| <input type="checkbox"/> Sunday Middle School  | <input type="checkbox"/> Wednesday Middle School | <input type="checkbox"/> Other Middle School Events                   |           |
| <input type="checkbox"/> Sunday High School  | <input type="checkbox"/> Wednesday High School   | <input type="checkbox"/> Other High School Events                     |           |
| <b>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:</b>  |  | <b>Yes</b>  | <b>No</b> |
| <b>Or, check here <input type="checkbox"/> to discuss with a member of NCBC's Equipping Staff.</b>   |  |   |           |
|  |  |   |           |
| <b>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 <input type="checkbox"/> to discuss with a member of NCBC's Equipping Staff.</b> |  | <b>Yes</b>  | <b>No</b> |
|  |  |   |           |
| <b>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 <input type="checkbox"/> to discuss with a member of NCBC's Equipping Staff.</b>  |  | <b>Yes</b>  | <b>No</b> |
|  |  |   |           |
| <b>Could you refrain from smoking or drinking before and while working with students?</b>  |  | <b>Yes</b>  | <b>No</b> |
|  |  |   |           |
| <b>Is there any other information relevant to your suitability to serve as a volunteer in the Student Ministry that NCBC should know? If yes, please explain: Or, check here <input type="checkbox"/> to discuss with a member of NCBC's Equipping Staff.</b>  |  | <b>Yes</b>  | <b>No</b> |
|  |  |   |           |

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.

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

**(Please also complete the attached Volunteer Application Supplement)**

New Covenant Bible Church  
**Volunteer Application Supplement**

This information is being requested only for the purpose of conducting background checks.

**Please print clearly**

Full name (full first, middle, last) \_\_\_\_\_

Previous Name(s), if any: \_\_\_\_\_

Gender: Male Female

Date of Birth: \_\_\_\_\_



**Please send a current “head-shot” of yourself** for our volunteer directory. Send to Judy.Greeb@ncbc.church with your first and last name.

States and counties of residence for last 7 years:

Years: \_\_\_\_\_ State: \_\_\_\_\_ County \_\_\_\_\_

Years: \_\_\_\_\_ State: \_\_\_\_\_ County \_\_\_\_\_

Years: \_\_\_\_\_ State: \_\_\_\_\_ County \_\_\_\_\_

Years: \_\_\_\_\_ State: \_\_\_\_\_ County \_\_\_\_\_

Years: \_\_\_\_\_ State: \_\_\_\_\_ County \_\_\_\_\_

Years: \_\_\_\_\_ State: \_\_\_\_\_ County \_\_\_\_\_

Years: \_\_\_\_\_ State: \_\_\_\_\_ County \_\_\_\_\_

Years: \_\_\_\_\_ State: \_\_\_\_\_ County \_\_\_\_\_

I hereby certify that to the best of my recollection and knowledge, the above information is accurate and complete. I authorize representatives of NCBC to conduct any and all investigations into my background that it deems necessary to verify my suitability to volunteer in the church’s ministries, including criminal background checks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email this form to Judy.Greeb@ncbc.church

If needed this page may be used for additional room in answering any question(s) on the Volunteer Application for Student Ministries at NCBC.