



Volunteer Ministry Application

Application Process

1. You will receive the application, a copy of our Statement of Faith, and the Child Protection Policy.
2. Return the completed application in a sealed envelope to the church office.
3. Your application will be evaluated by a pastor and approved by the staff or elders of Grace Fellowship after references are contacted.
4. A background check will be preformed for all adult volunteers.
5. Once your application is approved, you will be contacted by the appropriate ministry leader.
6. You will receive any other relevant information related to your position to keep for your records.

Qualifications for All Volunteers

- Maturing follower of Jesus Christ
- Regularly attend Grace Fellowship or have a child in a program at Grace Fellowship
 - Note: If you are not a regular attender but have a child in a church program, you can only be approved as an Assistant, not a Leader, and your approval is only valid for twelve months. You must still go through the normal approval process.
- Complete the application and training process
- Provide several positive references
- Submit to a background check (not applicable for minors)
- Agree with and support Grace Fellowship's Statement of Faith
- Agree with and support Grace Fellowship's Child Protection Policy
- Receive the recommendation of a pastor or elder at Grace Fellowship

Additional Qualifications for Bible Teachers

- Demonstrate Biblical knowledge, and ability to communicate and apply Biblical truth
- Understand basic classroom management skills
- Engage in a pastoral interview about teaching

List any other churches you have attended regularly during the past 5 years:

Section III PERSONAL REFERENCES (EXCLUDING FORMER EMPLOYERS AND RELATIVES)

Name	Name
Email	Email
Phone	Phone
Relationship:	Relationship:

Section IV PERSONAL TESTIMONY

To be completed by those who are not yet members of Grace Fellowship

Have you committed your life to Christ? Yes No Don't Know

Please share with us how you came to know Christ and how you have grown in your relationship with Him.

SECTION V APPLICANT'S STATEMENT

The pastors and elders of Grace Fellowship will hold this statement in strict confidentiality. The ministry leader will ask for the applicant's permission before discussing this application with any other person.

Legal and liability issues make the asking of these questions necessary. Also note that the pastors/elders are required by law to report any suspected child or elder abuse.

Please answer all questions honestly; no questions automatically disqualify, but all volunteers for Children's/Youth Ministries must be truthful with the pastors and themselves about their conduct and convictions.

- 1. Have you ever been convicted of a misdemeanor or felony offense? Yes No
- 2. Have you consumed illegal drugs or narcotics during the last 5 years? Yes No
- 3. Have you ever undergone treatment or counseling for alcoholism or substance abuse? Yes No
- 4. Are you engaged in any activity that is contrary to our doctrines or beliefs? Yes No

- I have read and agree to teach and practice basic truths of the Bible contained in the Grace Fellowship Statement of Faith.
- I have read and agree to teach and practice basic truths of the Bible contained in the Grace Fellowship Statement of Faith with the following exceptions:

Should my application be accepted, I agree to be bound by the Bylaws and policies of Grace Fellowship, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

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 (including opinions) that they may have regarding my character and fitness for ministry to children, youth, or adults. In consideration of the receipt and evaluation of this application by Grace Fellowship, I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, 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. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

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.** This is a legally binding agreement which I have read and understand.

Print Name

Signature

Date

***** OFFICE USE ONLY *****

Approved to serve in the following areas (check all that apply): Children Youth Adult Small Group

In the following capacity: Teacher / Leader Assistant / Helper Temporary Assistant

Elder Approval Given on _____