

# EPC | Volunteer Application

Instructions: Please answer all questions below to the best of your knowledge.

## APPLICANT INFORMATION

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:	CELL:	HOME:
EMERGENCY CONTACT:		PHONE:

## VOLUNTEER EXPERIENCE

Have you Volunteered in a Previous Church?	Yes	No	
CHURCH NAME / VOLUNTEER ROLE:			
VOLUNTEER INTERESTS:	Youth Sunday School	Youth Groups	Church Life
	Adult Bible Studies	Mission Projects	Musician / Vocals
	Buildings/Grounds	Finance	Deacons / Serving
PARTICULAR GIFTS / SKILLS:			
Do you have your own transportation & insurance?	Yes	No	DL#:
Do you have CPR Certification?	Yes	No	

## CRIMINAL HISTORY

Have you ever been <u>convicted</u> of a criminal offense?	Yes	No
Are you currently on probation or parole?	Yes	No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred?		

## PERSONAL REFERENCES:

NAME:	RELATIONSHIP:	CONTACT#:
NAME:	RELATIONSHIP:	CONTACT#:
NAME:	RELATIONSHIP:	CONTACT#:

## APPLICANT STATEMENT: (Read and Sign Below)

I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that EPC requires all volunteers with youth to submit to fingerprinting and a criminal background check. I understand that this volunteer application is not valid without my signature.

PRINT NAME:	
SIGNATURE:	DATE: