First Christian Church



 1166 Oak Street

 Eugene, OR 97401

 **Mission Statement**

*We believe in the love of God for all people.  We gather as a worshipping community of faith to follow Jesus Christ. We delight together in what God is doing through us to bring: healing within brokenness; unity within diversity; joy within grief; and power within weakness.*

*Our mission is to strengthen the relationships we have with God, with each other, with our families, and with our world. We are an Open and Affirming Congregation; people of all sexual orientations and gender identities are welcome in the full life and ministry of our church. We are a Global Ministries Congregation.*

**VOLUNTEER APPLICATION FORM**

We encourage the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

I volunteer to work with: \_\_\_\_\_\_ young Children (Nursery-Kindergarten)

 \_\_\_\_\_ elementary children (Grades 1-5) \_\_\_\_\_\_ middle school youth (grades 6-8)

 \_\_\_\_\_ high school youth (Grades 9-12) \_\_\_\_\_\_ Good Samaritan Ministry

 \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other ministry (as listed)

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Name

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Phone Number E-mail Address

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Home Address

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City State Zip

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Employed By (If Employed) Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

May you be called at work?  Yes  No

Any special talents or skills you have that you feel would benefit our organization:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Formal Education (highest year of school completed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you drive?  Yes  No Do you have regular access to a car?  Yes  No

List training or education you have had in the areas of your interest:

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Please indicate days available: Mon Tues Wed Thurs Fri Sat Sun

Times available: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List current and previous volunteer work (list all previous volunteer work including brief

description of duties and activities, dates of service.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been convicted of a crime other than a traffic violation?  Yes  No

If yes, what charge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date convicted: \_\_\_\_\_\_\_\_ Where \_\_\_\_\_\_\_\_\_\_\_\_

Do you consent to a routine check of your criminal records?  Yes  No

Please list three references of people who know you well, other than relatives, preferably for

whom you have worked in either a paid or volunteer capacity. If you are currently working,

either paid or as a volunteer, please include the name of your supervisor.

 Name Address Zip Code Phone Relationship

1.

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3.

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How long have you lived in the area? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to undergo a screening process that includes a personal interview, reference checks, and a supervised training in the area I am volunteering.

I agree to report immediately to the Associate or Senior Minister, or the Director of Administration any behaviors, which seem abusive or inappropriate to me.

I agree to be a team member that provides a compassionate, listening ear, to those I work with.

By signing this form I authorize our church pastor in the area of requested employment or volunteering, and the Director of Administration to make an independent investigation of my background, references, character, past employment, education, criminal or police records including those by both public and private organizations and all public records for the purpose of confirming the information contained on my application or volunteer form, and or/obtaining other information which may be material to my qualifications for employment or as a volunteer with our church.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

 BACKGROUND INVESTIGATION CONSENT INFORMATION

I release First Christian Church and any person or entity, which provides information pursuant

to this authorization, from any and all liabilities, claim or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name or Other Names Used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time at present address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Former Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State Zip

Length of time at former address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Social Security Number\* \_\_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of License \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*Your SS# is necessary for back ground checks. This information is kept confidential and will be stored in a closed area. A copy of the results will be given to you.