

Volunteer Application



Please check the ministries in which you would like to volunteer.

- | | |
|--|---|
| <input type="checkbox"/> Altar Workers Ministry | <input type="checkbox"/> Royal Rangers – Boys Clubs (Wed.) |
| <input type="checkbox"/> Pre-School Church (ages 4 to Pre-K) | <input type="checkbox"/> Singles Ministries |
| <input type="checkbox"/> Children’s Church (Grades K-5) | <input type="checkbox"/> Street Outreach |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Sunday School – Grades K-5 |
| <input type="checkbox"/> Compassion Ministry (Funerals) | <input type="checkbox"/> Sunday School – Grades 6-12 |
| <input type="checkbox"/> Follow-Up Ministry | <input type="checkbox"/> Sunday School (Ages 4 –Pre-K) |
| <input type="checkbox"/> Greeters | <input type="checkbox"/> Teen Bible Quiz |
| <input type="checkbox"/> Jr. Bible Quiz | <input type="checkbox"/> Ushers |
| <input type="checkbox"/> Media Ministry(Video) | <input type="checkbox"/> Van Drivers – Youth & Seniors |
| <input type="checkbox"/> Middle School Service (Sun. - Grades 6-8) | <input type="checkbox"/> Visitation (Shut-ins & Hospital) |
| <input type="checkbox"/> Missionettes – Girls Clubs (Wed.) | <input type="checkbox"/> Visitors Ministry (For New Visitors) |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Watchmen (Security) |
| <input type="checkbox"/> Nursing Home Ministry | <input type="checkbox"/> Welcome Center Ministry |
| <input type="checkbox"/> Operation Love’s Outreach | <input type="checkbox"/> Youth Service (Wed. – Grades 6-12) |
| <input type="checkbox"/> Orchestra | <input type="checkbox"/> Sound Ministry |
| | <input type="checkbox"/> Other _____ |

Office Use Only

Cleared to Volunteer

See Ps. Randy

References

(Please provide two personal references who have known you for at least one year and are not related to you. Daytime phone numbers are preferred.) (No Minors as References please)

1. Name _____

Address _____

Street

City

State

Zip

Phone _____

2. Name _____

Address _____

Street

City

State

Zip

Phone _____

The following questions are part of a process to help provide a safe and secure environment for our children. All information is confidential.

Have you ever been accused or convicted of the use or sale of illegal drugs? _____

Have you ever used illegal drugs? _____

Have you ever struggled with alcohol or substance abuse including prescription medications? _____

Have you ever been charged with a misdemeanor or felony? _____

Are you engaged in any conduct that is contrary to the teachings of the Bible? _____

Do you have any health issues that could place the children of Sheffield at risk? _____

Have you ever been denied legal custody of your child/children in any legal proceedings including divorce decrees or settlements? _____

Have you been involved in homosexual activity within the last five years? _____

Have you struggled with sexual addiction within the last 5 years? _____

Do you smoke or use tobacco products? _____ Drink alcoholic beverages? _____

We conduct a police background check on all adult applicants. Do you have any objections? _____

If you answered "yes" to any of the above questions, please explain briefly. We at Sheffield Family Life Center understand the life-changing power of Jesus Christ and are eager to hear how He has helped you. _____

Please list (names and addresses) of other churches you have attended regularly during the past five years: _____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to ministry? _____ If yes, please explain. _____

Have you ever lived in any other state? _____ Yes _____ No (Please check appropriate answer)

If yes, what other state did you live in? _____

Criminal Records Check and Authorization

(All applicants are required to complete this section. Only those 18 and older are subject to being checked)

I hereby request a criminal background check and the release of any information, which pertains to any record of convictions in its files or in any criminal file maintained on me whether local state or national. I hereby release any criminal law enforcement agency from any and all liability resulting from such disclosure. Any person or entity relying on this Request may rely on a photocopy or facsimile as if it were an original.

Signature (required)

Date

Social Security Number (required)

Birth date:

Legal Name:

(please print)

Last

First

MI

Place of Birth:

City,

State

Address:

(please print)

Street

City,

State

Zip

Print all other names you may have gone by (including maiden name):

Applicant's Statement

(All applicants must sign this statement)

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 children or youth work. In consideration of this evaluation by Sheffield Family Life Center, 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.

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

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND NOW 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.

Applicant's Signature (required) _____ **Date** _____

Required of all applicants under 18 years of age:

Parent or Guardian Signature _____ **Date** _____



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