

Grace Chapel Youth & Child Volunteer Application

The following information will be held in strict confidentiality.
Return completed form to the Director of Family Ministries or the Church Office.

Date _____ Social Security Number _____

Full name (last, first, middle) _____

Address _____ Zip code _____

(Complete address including zip code are required.)

If you have not lived at your current residence for at least 10 years, please provide your previous addresses in order of most recent to oldest.

Address 1 _____ Zip code _____

Address 2 _____ Zip code _____

Address 3 _____ Zip code _____

Address 4 _____ Zip code _____

Phone: Home _____ Cell _____ Business _____

Date of Birth _____ Sex: M _____ F _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____

Children: Name(s) and Age(s)

Area(s) of Ministry Interested In: Check all that apply.

___ GC Tots (Birth-Pre K) ___ GC Kids (Gr. K-5) ___ GC Youth (Gr. 6-12)

Relevant Educational Background / Experience Working with Children

List all churches you have regularly attended in the last five years.

Church Pastor's Name City/State Phone# Date Attended

Please describe your personal relationship with Jesus Christ.

When did you begin regularly attending Grace Chapel? _____

Please provide two references from Grace Chapel whom we may contact as to your personal character and abilities.

1. _____ 2. _____

I certify that the information given above and any accompanying documents are complete and correct to the best of my knowledge. Any fraudulent or intentional misrepresentation on this Application will result in immediate dismissal.

I hereby grant Grace Chapel of Clifton Park authorization to:

- 1. Check all references, including churches and individuals*
- 2. Obtain a background check, including access to the Division of Criminal Justice Services, through the third party background screening platform "Checkr", Grace Chapel's contractor for use in connection with matters herein.*

Date _____ Signature _____

Office Use Only:

Ministry Area _____ Contact Person _____

Approval Date _____