



New Life Assembly of God

Volunteer Application

Name _____
Last First Middle

Address _____

Home Phone _____ Cell Phone _____

Email _____

Date of Birth _____ Occupation _____

Would you like New Life staff to run your clearances on your behalf? Yes No

If "Yes" please provide your DLN & SSN below (otherwise optional):

Driver's License No. _____ Social Security No. _____

Work Address _____

Employer Name _____ Work Phone Number _____

How long have you been attending NLA? _____

What reasons influenced your decision to make NLA your home church? _____

Are you a member of NLA? Yes No In Progress

Are you a Christian? Yes No Date you received Christ _____

Have you read our 16 Doctrines of Assemblies of God? Yes No

Do you believe & agree with our 16 Doctrines of Assemblies of God? Yes No

If you checked "no" please explain: _____

- Indicate your preference(s)
- Nursery Kids Church Youth Church
 - Kids Club Girls Club Royal Rangers Bible Quiz
 - Kids Creative Worship VBS Event Chaperone Meals for the Sick
 - Young at Heart (55+) Men's Ministry Women's Ministry Worship Team
 - AV/Media Greeter Team Usher Team Prayer Team
 - Church Beautification Café Library Kitchen
 - Events (Setup/Down) Cleaning Maintenance Outreach
 - Safety Committee Other (Please explain): _____

Volunteer positions held at New Life in the past 5 years: _____

List past non-church work involving minors: _____

List gifts, callings, training, education, etc. that have prepared you volunteering at New Life:

When are you available to begin volunteering? Immediately Date: _____

Are you willing to commit to orientation, training, & supervision? Yes No

Provide the names of 3 non-family references including at least one work supervisor:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Provide the name of at least one church you regularly attended in the past 5 years:

Church Name	Pastor	Phone Number
_____	_____	_____

I certify that all information provided in the application is true & complete. I understand that any false information or omission may disqualify me from further consideration, & may result in my removal if discovered at a later date. I authorize my references, previous churches, & employers to confidentially give New Life Assembly staff any information he/she may have regarding my character & fitness for ministry with minors. I understand that I am agreeing to allow New Life Assembly staff to run a background screening on me & that all information on the screening & in this application will be kept confidential. Should this application be accepted, I agree to be bound by the Bylaws and Constitution of New Life Assembly & to refrain from unscriptural conduct in the performance of my services on behalf of the church.

In addition to this application, you may be asked to comply with background checks including (but not limited to) PA Child Abuse Clearance, PA State Police Report, & FBI Criminal History Report.

_____ _____
Signature Date

Please submit your completed volunteer application & any clearances to Darla Border either in person or in a sealed envelope placed in her church mailbox (Room 2).