

New Life Assembly of God Volunteer Application

Nar	ne Last				First		Middle	
Add								
Hor	ne Phone		Cell Phone					
Ema								
Date	e of Birth		Occupation					
Wo	uld you like New Life stat If "Yes" please provid		,		•		Yes □ No	
Driver's License No.			Social Security No.					
Woı	k Address							
Em	oloyer Name			Work Phone Number				
Hov	How long have you been attending NLA:							
What reasons influenced your decision to make NLA your home church?								
Are you a member of NLA?								
Do you believe & agree with our 16 Doctrines of Assemblies of God? ☐ Yes ☐ No								
If yo	ou checked "no" please e	explo	ain:					
Indi	cate your preference(s)		Nursery		Kids Church		Youth Church	
	Kids Club		Girls Club		Royal Rangers		Bible Quiz	
	Kids Creative Worship		VBS		Event Chaperone		Sunshine Meals	
	Young at Heart (30+)		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 ex	plai	n):			

Volunteer positions held at New Life in	the past 5 years:	
List past non-church work involving mi	inors:	
List gifts, callings, training, education, e	etc. that have prepared you volu	nteering at New Life:
When are you available to begin volun Are you willing to commit to orientatio	,	□ Date:
Provide the names of 3 non-family refe	erences including at least one w	ork supervisor:
Name	Relationship	Phone Number
Provide the name of at least one churce Church Name	ch you regularly attended in the Pastor	past 5 years: Phone Number
I certify that all information provided if false information or omission may discremoval if discovered at a later date. to confidentially give New Life Assembly character & fitness for ministry with a Assembly staff to run a background so this application will be kept confidentially bound by the Bylaws and Constitut conduct in the performance of my service of the	equalify me from further consid- I authorize my references, previously staff any information he/sh minors. I understand that I am a creening on me & that all information. Should this application bound ion of New Life Assembly & twices on behalf of the church.	eration, & may result in my fous churches, & employers he may have regarding my agreeing to allow New Life hation on the screening & in e accepted, I agree to be to refrain from unscriptural
(but not limited to) PA Child Abuse (Report.	ay be asked to comply with bo Clearance, PA State Police Rep	port, & FBI Criminal History
	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).