



Adult Volunteer Application

Personal Information (please print & give your legal name)

Last Name: _____ First Name: _____ Middle Name: _____

Social Security # _____ Birth Date: ____/____/____

Street: _____ City: _____ State: _____ Zip: _____

Phone (H) _____ Phone (C) _____

Date of application: _____ Email Address: _____

Background Information

Previous church affiliation (name & address): _____

Length of attendance at Hillside Community Church: _____ Member: Yes No

If you were to die today and God were to ask you, "Why should I let you into My heaven," what would you say?

Why are you interested in serving at Hillside?

Current Employer: _____ Length of Employment: _____

Address of Employer: _____ Phone: _____

Previous Employment (include addresses & dates of employment):

Have you ever been the victim of domestic violence, child pornography, child abuse or child molestation?

Yes No

Have you ever been convicted of any crime (excluding traffic violations) including, but not limited to, domestic violence, child pornography, child abuse, child molestation or any other crime involving another person? Yes No

If you answered "yes" to the previous question, please specify the nature of the crime and the name and address of the court in which you were convicted:

Do you suffer from any contagious or infectious disease or condition that could be transmitted to others through the work you would be performing? Yes No

If you answered "yes" to the previous question, describe the nature of the disease or condition, even if you believe the risk of contamination to be relatively low: _____

Have you ever been subject to any disciplinary action or investigation (including discharge) by a church, religious organization or an employer? Yes No

If you answered "yes" to the previous question, please provide the following information:

- Date and nature of the disciplinary action or investigation.
- Reason for the disciplinary action or investigation.
- Name and address of the church, organization or employer involved.

Children's/Youth Ministry Experience

Dates:	Position:	Program:	Age / Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Statement and Background Check Authorization

I understand that if I serve as a volunteer and my character and choices become questionable, or inappropriate, that without notice, my volunteer services will be terminated.

I hereby authorize Hillside Community Church, and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteer service or employment now and, if applicable, during the tenure of my volunteer service or employment with Hillside Community Church. This may include a contact with any of the individuals or organizations listed on this form.

If anyone from Hillside Community Church intends to take any adverse action against you based, in whole or in part, on the background report, you will receive a copy of the report and receive an explanation for the action(s) taken.

I certify that all statements made above are true and complete to the best of my knowledge. The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Applicant's Name (print): _____