

Legacy Faith Church - Ministry Worker Application

This application is to be completed by all applicants for any volunteer position involving the supervision of minors. It is being used by Legacy Faith Church Ministry to provide a safe and secure environment for those children who participate and use our facilities. All volunteers are required to complete the Pennsylvania Child Abuse Background checks. Please drop off completed forms at the welcome center in the lobby or email to admin@legacyfaithchurch.com.

Name:

Last

First

Middle

Address:

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-Mail Address: _____

Please circle one: Male Female Birth Date: ____/____/____

Marital Status: _____

Spouse's Name: _____ No. of Children: _____ Ages _____

Have you completed the New Member's Classes? _____

How long have you been a member of LFC? _____

Have you accepted Jesus as your personal Lord and Savior? ____ If yes, Where? _____ Year: _____

Have you been filled with the Holy Spirit and speak in tongues (according to Acts 2:4)? _____

Are you a consistent (every payday) tither to LFC? _____

How frequently do you attend LFC services? Circle: Weekly Monthly Infrequently Never

Have you completed a LFC Ministry Workers Application before? _____

DO YOU BELIEVE: Please circle Yes or No.

Yes No In the virgin birth and deity of Jesus Christ?

Yes No That Jesus is God's Son and the **only** sacrifice for sin?

Yes No That man must be born again to receive eternal life?

Yes No In eternal reward for the believer? (Heaven)

Yes No In eternal punishment for the lost? (Hell)

Yes No In the infallibility of the Scriptures?

Yes No That divine healing is part of redemption's purchase and is God's will for all who believe?

Yes No That Jesus arose bodily from the dead?

Yes No In the infilling of the Holy Spirit with the evidence of speaking in other tongues?

List (name and address) of other churches you have attended during the past five years:

List any gifts, training, education, or other factors that have prepared you for the ministry area you are interested in:

Do you smoke? _____ Drink alcoholic beverages? _____ Use illegal drugs? _____

Do you have any limitations in your schedule that would prevent you from serving?

Why do you want to be involved in ministry? _____

INDICATE ALL AREAS OF INTEREST

- ___ Teacher ___ Teacher’s Assistant ___ Arts & Crafts ___ Building/Carpentry/Handy
- ___ Hospitality ___ Usher ___ Greeting ___ Cooking ___ Audio/Media
- ___ Yard Work ___ Outreach ___ Praise & Worship ___ Decoration
- ___ Special Events ___ Cleaning ___ Translating (Spanish) ___ Security
- ___ Parking Attendant ___ Welcome Center/Greeting Stations ___ Other

If interested in children’s ministry, what age groups do you prefer? (Check all that apply)

- ___ Nursery (walking–2) ___ Preschool Toddlers (3–4) ___ Kindergarten (4 - 6)
- ___ 1st - 5th Grade ___ Jr. High ___ Sr. High ___ Where needed

PASTORAL REFERENCE

(Former Sr. Pastor, Assoc. Pastor, or Ministerial Supervisor)

Name: _____

Address: _____

Phone: _____

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(Former Sr. Pastor, Assoc. Pastor, or Ministerial Supervisor)

Name: _____

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Phone: _____

Background Checks

All volunteers are required to provide Pennsylvania Child Abuse Clearances. These documents include the Child Abuse Clearance Certificate, PA State Police Report of Criminal History and FBI Fingerprints. Note: An FBI background check is not required if you have been a Pennsylvania resident for the past 10 years. All three of these documents are valid for five (5) years from their issue date. See Volunteer Requirements and Disclosure document for instructions. (Please attach documents to this application if your clearances are current). If you are unable to complete your own clearances, please fill out the next page to authorize LFC to submit them on your behalf.

The below questions may or may not disqualify you from volunteering but are required.

Have you ever been arrested? ___ Yes ___ No If yes, please explain (attach a separate page if necessary):

Have you ever been convicted or plead guilty to a crime? ___ Yes ___ No If yes, please explain (attach a separate page if necessary): _____

Have you ever been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? ___ Yes ___ No

Authorization for Release of Information and Notice of Penalties for Falsification by Ministry Volunteer Applicant of Legacy Faith Church

My signature below evidences my understanding that I am being considered for a volunteer position working in the Ministry at Legacy Faith Church, and that a criminal record investigation will be conducted with regard to me. I further understand that information obtained during the investigations may be used as a basis for the denial of appointment. I understand that if I refuse to sign this release form, it will result in my not being eligible to work with the youth of this ministry. I do understand that Legacy Faith Church may terminate my volunteer position at any time without cause.

I further understand that I shall be required to disclose the following information in connection with the criminal background check: any arrest, charge, or conviction for any crime other than minor traffic offenses where the fine was \$35.00 or less. This includes any drug-related charges relating to driving while under the influence. I understand that I am also required to disclose a first offender pleas (regardless of whether the record has been expunged) and pleas of nolo contendere. I further understand that if I fail to disclose such information that I shall be disqualified from further consideration.

I understand that I will not be eligible for a volunteer position if I have been convicted of the following crimes: any felony, simple battery, when the victim is a minor; contributing to the delinquency of a minor; sexual offences; criminal attempt when the attempted is any of the crimes specified by this paragraph; or any other offences committed in another jurisdiction which, if committed in this state, would be one of the enumerated crimes listed in this paragraph.

I authorize Legacy Faith Church to indiscriminately conduct a criminal background check.

Signature of Applicant / Date

Ministry Representative / Date

PERSONAL DATA (PLEASE PRINT)

_____			- -
NAME: First	Middle/ Maiden	Last	Social Security Number
_____		_____	
Street Address		Apt#	
_____			_____
City	State	Zip Code	
_____			_____
(Place of Birth)			(Date of Birth)