



ADULT VOLUNTEER / EMPLOYMENT APPLICATION

Fort Worth Campus: 3701 Birchman Ave., Fort Worth, TX 76107 | 817-731-4329 | FAX 817-710-1860
West Campus: 3910 E. I-20 Frontage Rd. S., Willow Park, TX 76087 | 817-945-2399

Name: _____
First Middle Last

Address: _____
Street City State ZIP

Home Phone: _____ Business Phone: _____ Cell: _____

Email: _____ Date of Birth (if applying to volunteer): _____

Position for which you are applying to volunteer/work: _____

If with children, do you have a preference of age or group with whom you wish to work? _____ If so, what age and why?

VOLUNTEERING REQUIRES SIX MONTHS PRIOR ACTIVE PARTICIPATION AT CHRIST CHAPEL

Previous Employment / Volunteer Experience

Please complete this section for each of your employers and/or volunteer experiences starting with your current employer and working backwards.

Employer	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Dates of Employment (Month/Year): From To
Position	Address
Phone	Responsibilities
Supervisor	
Reason for leaving	

Employer	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Dates of Employment (Month/Year): From To
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Reason for leaving	

Within the past three years, what job or volunteer responsibilities have given you the most personal satisfaction, and why?

Education / Background: List schools attended, beginning with high school. Include tech schools and other special training.

Level	Name of School	City/State	Major/Minor	Degree/Year
High School / Secondary School				
University / College				
Vocational / Technical				
Graduate School / Seminary				

References: Please complete **all fields** — phone number, email address and complete mailing address with city, state and ZIP. **Each reference will be contacted. One reference should be given by the opposite sex.**

Personal

Name	Phone	Email		
Street Address	City	State	ZIP	

Professional / Civic

Name	Phone	Email		
Street Address	City	State	ZIP	

Family Member

Name	Phone	Email		
Street Address	City	State	ZIP	

Personal

Addresses in past seven years: _____

Other names by which you have been known (Nicknames, maiden name, aliases): _____

Marital Status: Single Married Widowed Divorced Spouse's Name: _____

Children

Name	Age	Gender	Grade	School

Legal History

For any “yes” answers, please attach a detailed explanation in writing.

YES NO

- Y N** Have you ever been convicted of a criminal offense (felony or misdemeanor)? Answer “yes” if you have entered a plea agreement including a deferred sentence or deferred judgment arrangement in connection with a criminal case.
- Y N** Have you ever been charged with a sexual offense, offense relating to children or crime of violence?
- Y N** Have you ever been reported to any organization or registry for abuse or misconduct involving children?
- Y N** Do you have any disciplinary action or investigation pending by an employer, other organization, professional association or licensing body, for violence, sexual misconduct or misconduct involving children?
- Y N** Have you ever been disciplined or dismissed from any volunteer position or employment for any reason or following an allegation of sexual misconduct, physical aggression, verbal aggression or other inappropriate behavior or conduct?
- Y N** Have you ever been reprimanded, or asked to leave or end your membership in a church?
- Y N** Have you ever been the subject of a complaint or disciplinary proceeding against any professional license or professional affiliation held by you?
- Y N** Do you now or have you ever sought out child pornography? If so, when did this occur and for what length of time? Is this something you currently do?
- Y N** Have you received counseling regarding this subject?
- Y N** Would you like to receive counseling with a pastor or Soul Care?

Personal Background

Because of the nature of our ministry, it is important that our people join us in making a personal commitment to Christ Chapel’s purpose.

Please describe your personal relationship with Jesus Christ:

Do you regularly attend church? No Yes If yes, where and for how long? _____

List the names, locations and dates of previously attended churches in the past 10 years:

Describe why you might feel God has called you to serve in the ministry of Christ Chapel:

Please initial each of the following statements:

_____ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my ministry involvement.

_____ I understand that my references and employment contacts will be contacted and that a **thorough criminal background check** will be conducted. I authorize investigations of all statements contained in the application.

_____ I understand that I must be interviewed and recommended by a member of the Christ Chapel Bible Church Screening and Selection Committee before I begin my ministry or position.

_____ If accepted as a volunteer/leader/employee I agree to read and observe all Christ Chapel guidelines and policies.

_____ I understand that I can withdraw from the application process at any time.

_____ I understand that Christ Chapel Bible Church has **ZERO TOLERANCE FOR ABUSE** and takes all allegations of abuse seriously. I further understand that Christ Chapel Bible Church cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of any kind is grounds for immediate dismissal and possible criminal charges.

_____ I declare that I am not a pedophile or child molester and that I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child or an adult and that I have never been accused of these acts.

_____ I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of application to provide employment and/or volunteer services and that refusal to inform Christ Chapel Bible Church of the contents of a sealed criminal record will result in the automatic denial of the application.

Signature: _____ Date: _____

SAVE FORM

SUBMIT FORM

For Office Use Only

I have reviewed this application and have noted any missing information.

Screening Committee Member Signature: _____ Date: _____