



# Volunteer Application

We want to ensure a safe and secure environment for all of our children at PC3. The application process is in place to protect both you and the children with which you will be working. We require that you answer the following questions accurately.

\* Today's Date: \_\_\_\_\_

## GENERAL INFORMATION:

➔ Name (First, Middle, Last): \_\_\_\_\_

Nickname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Anniversary (please include year): \_\_\_\_\_

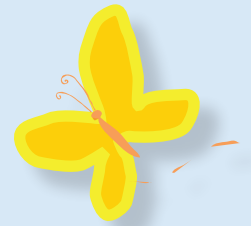
Spouse's Name: \_\_\_\_\_

## ➔ List your children and their date of birth:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_



Hobbies or Special Abilities: \_\_\_\_\_

Are you currently involved with any other PC3 ministry? \_\_\_Yes \_\_\_No

If so where? \_\_\_\_\_

Are you in a PC3 small group? \_\_\_Yes \_\_\_No If so, who is your leader(s)? \_\_\_\_\_

## EMPLOYMENT:

➔ Current Employer: \_\_\_\_\_


Job Title/Description: \_\_\_\_\_

Time at this Job: \_\_\_\_\_yrs \_\_\_\_\_mos

Okay to call at work? \_\_\_Yes \_\_\_No




**Screening Information:**

 If applicable, please list any other church, school or organization where you have worked with children within the past five years:

Church/Organization: \_\_\_\_\_  
Contact Person & Phone Number: \_\_\_\_\_  
Dates attended or participated: \_\_\_\_\_

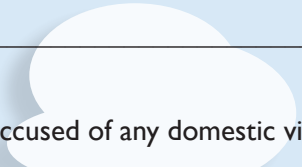
Church/Organization: \_\_\_\_\_  
Contact Person & Phone Number: \_\_\_\_\_  
Dates attended or participated: \_\_\_\_\_



 List 2 personal references that are not relatives:

Name: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_


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E-Mail Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

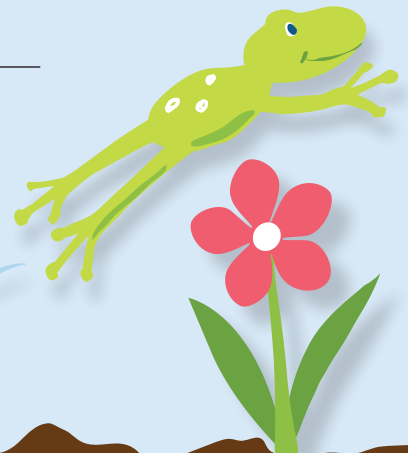


Have you ever been convicted or accused of any domestic violence, child abuse, child molestation, or any other crime related to children or youth?    \_\_\_YES    \_\_\_NO

 If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

In the future, if I am convicted or accused of any crime while I am serving as a volunteer, I will notify Port City Community Church staff immediately. I affirm that the information I have given on this application is accurate and truthful. I acknowledge Grow Zone's mission and agree to make it my own as I serve.

 Signature \_\_\_\_\_



**To Be Completed With Grow Zone Staff Following Training:**

I agree to serve:  Twice a month  Three times a month  Every Sunday

I would like to serve during:  9:00am service  11:00am service  4:00pm service  
 6:00pm service

My age preference:  Babies-Cruisers  1-2 year olds  3-5 years  Any

The volunteer position(s) I am interested in are:

Support Staff  Door Host  Registration Host  Safety Guard

**For Office Use Only:**

Date of Training \_\_\_\_\_ BGC \_\_\_\_\_  completed on \_\_\_\_\_

Starting Date(s) \_\_\_\_\_ References \_\_\_\_\_  completed on \_\_\_\_\_

ACS: \_\_\_\_\_ Birthday: \_\_\_\_\_ On Schedule: \_\_\_\_\_

Email: KA \_\_\_\_\_ LD \_\_\_\_\_ SG \_\_\_\_\_ Rotation \_\_\_\_\_ Thank You \_\_\_\_\_

Folder: \_\_\_\_\_ Name Tag: \_\_\_\_\_

Post Meeting: \_\_\_\_\_ Pre- Service: \_\_\_\_\_ Follow-up \_\_\_\_\_ Apprenticeship \_\_\_\_\_

Notes \_\_\_\_\_

Reference Name \_\_\_\_\_ E-Mail: \_\_\_\_\_

Reference Phone #: \_\_\_\_\_ Date \_\_\_\_\_ LM \_\_\_\_\_

1. How long have you known this person? \_\_\_\_\_ In what capacity? \_\_\_\_\_

2. In your opinion, is this person suitable to work with young children? Why or why not?  
\_\_\_\_\_  
\_\_\_\_\_

3. What qualities do you admire in this person?  
\_\_\_\_\_  
\_\_\_\_\_

OTHER \_\_\_\_\_

Staff Signature \_\_\_\_\_

Reference Name \_\_\_\_\_ E-Mail: \_\_\_\_\_

Reference Phone #: \_\_\_\_\_ Date \_\_\_\_\_ LM \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

OTHER \_\_\_\_\_

Staff Signature \_\_\_\_\_