

# Hope Community Church Volunteer Ministry Application

## Department of Children/Student Ministries

Mail to: 302 Tristan Drive, Shawano, WI 54166

Ph: 715-524-2320 \*\* Fax: 715-524-4517 \*\* Web: [www.shawanochurch.org](http://www.shawanochurch.org) \*\* Email: [info@shawanochurch.org](mailto:info@shawanochurch.org)

Name *[last]* \_\_\_\_\_ *[first]* \_\_\_\_\_ *[middle]* \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ --- \_\_\_\_\_

Phone # *[home]*(\_\_\_\_) \_\_\_\_--\_\_\_\_ *[work]*(\_\_\_\_) \_\_\_\_--\_\_\_\_, ext. \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Occupation: \_\_\_\_\_ Where employed: \_\_\_\_\_

Volunteer position applied for: \_\_\_\_\_

Are you a member of Hope Community Church? \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_IN PROCESS

Please write a brief statement of how you became a Christian: \_\_\_\_\_

\_\_\_\_\_

In which activities/ministries of HCC are you presently involved: \_\_\_\_\_

What skills, spiritual gifts, or talents do you have which might be used in this position: \_\_\_\_\_

\_\_\_\_\_

Please provide name and phone of three references, including a former supervisor.

\_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_--\_\_\_\_

\_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_--\_\_\_\_

\_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_--\_\_\_\_

Please list all states of residence within the past 10 years: \_\_\_\_\_

Have you ever been accused or convicted of physical or sexual abuse with children? \_\_\_\_\_YES \_\_\_\_\_NO

*[If YES, please explain]* \_\_\_\_\_

Have you ever been accused or convicted of any criminal activity? \_\_\_\_\_YES \_\_\_\_\_NO

*[If YES, please explain]* \_\_\_\_\_

What moving violations are on your driving record? Please list and explain: \_\_\_\_\_

\_\_\_\_\_

What experience and/or training do you have which might be useful in this position?: \_\_\_\_\_

\_\_\_\_\_

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my removal if discovered at a later date. I give permission to Hope Community Church to check my references.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_