

First Assembly West
(239) 458-0813
133 NE Pine Island Road
Cape Coral, FL 33909

Volunteer Application

Today's Date: _____

Personal Information

Name: _____
Last Name First Name Middle Initial Maiden Name

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: () - _____ Daytime Phone: () - _____

Birth Date: _____ Social Security Number: _____
(DD/MM/YY)

How long have you attended First Assembly West?

_____ Years _____ Months

Are you a member First Assembly West?

- Yes
- No

In what capacity do you desire to volunteer within our church?

Background Information

1. Have you ever been convicted of, or pled guilty or no contest to a crime other than a minor traffic violation, or are you now under charges for any criminal offense? A criminal conviction will not necessarily disqualify you from consideration.

Yes (If yes, please list the question number and explain fully on an additional sheet.)
 No

2. List any additional training or experience you have had that qualifies you for the position you are seeking, including any professional license or certification.

3. List below two personal references within our church that are well acquainted with you. Do not list relatives.

A. _____

B. _____

Volunteer's Statement – Read Carefully!

- The information contained in this application is correct to the best of my knowledge.
- I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. I hereby release any individual, church denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check may be conducted on me, and I consent to any such check.

I (check on of the the following two options):

- waive
 do not waive

any right that I may have to inspect any information provided about me by any person or organization described above.

I have read and understand the above provisions, and agree to them.

Signature

Date

Print Name

REQUEST FOR RECORDS CHECK AND AUTHORIZATION

I hereby authorize **First Assembly West** to make inquiries concerning my background in connection with evaluating the information I have provided on this form and in the application process, including a criminal records check. I hereby release **First Assembly West** and their directors, employees, agents, representatives and any other person or organization, including record custodians, which may release information concerning me, both collectively and individually, from any and all liability on account of inquiries concerning my background and any disclosures of information concerning me to **First Assembly West**.

Printed Name

Signature

Street Address
(Physical Address)

City

State

Zip

Date of Birth (MM/DD/YYYY)

Social Security Number

Today's Date

For Office Use Only

Record Check Received From:

Name: _____

Address: _____

Date: _____

Results: _____ All Clear _____ Problem

Comments: _____

Verified by: _____

