

Fifteenth Avenue Baptist Church
Volunteer Application

Printed Name: _____ DOB: _____

Address: _____ Telephone: _____

Date: _____ Supervising Staff: _____

1. In what churches and denominations have you been a member or a regular attendee (include city and state) within the last 10 years. Please indicate church service, volunteer or paid, in which you have engaged while attending.

2. Tell how you have sensed God's leading in your life recently and why you wish to participate in the area of ministry for which you are applying.

3. What do you understand the ministry will require of you as an adult volunteer (physically, spiritually, emotionally, socially)?.

4. Because FABC cares for all persons under our supervision and in our ministry, we ask you to please answer the following personal questions.
 - a. Have you ever been charged with or committed a crime? Yes No
If yes, please explain (use separate sheet if needed):

 - b. Have you ever been accused of or charged with child abuse of any kind or a crime involving actual or attempted sexual molestation of a minor? Yes No
If yes, please explain (use separate sheet if needed):

 - c. Is there anything in your past or present that would hinder you in any way from effectively ministering with children or youth? Yes No
If yes, please explain (use separate sheet if needed):

Please provide the names, phone numbers of three character references:

Please initial each line below, indicating your consent.

_____ In consideration of my acceptance as a volunteer at Fifteenth Avenue Baptist Church, I represent and agree that I am aware of the hazards and risks to my person and property associated with serving in a volunteer capacity. Such hazards may include, but are not limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and subject to any insurance coverage that may be available to me from any source, and only with respect to Fifteenth Avenue Baptist Church, its employees and representatives, and successors or assigns, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property. I release Fifteenth Avenue Baptist Church, its employees and representatives, and successors or assigns from any liability whatsoever arising as a result of death, injury, or illness that I may suffer as a result of participating as a volunteer. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms. I am aware of the hazards and risks to my person associated with participation in volunteer service as described herein. I further understand that Fifteenth Avenue Baptist Church may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my property that may occur during my participation in volunteer service, and that if I desire insurance coverage I am responsible for the cost of such insurance. **I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY CONSENT TO THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**

_____ I agree to abide by all policies of Fifteenth Avenue Baptist Church

_____ I agree with and will adhere to Fifteenth Avenue's vision, mission , and statements of faith as defined in the 2000 Baptist Faith and Message

_____ To the best of my knowledge, the information contained within this application is true and by providing it, I express my desire to participate in volunteer ministry service at Fifteenth Avenue Baptist Church until further notice.

Signature: _____ Date: _____

Important: *Please have two witnesses observe your signature, and have them sign below. Witnesses must be at least 18 years old, and should not be relatives.*

Witness: _____

Witness: _____

Supervising Staff Signature: _____