

# Volunteer Application

Level One

GENERAL INFORMATION	
Last Name	First Name
Address	City, State ZIP
Home Phone	Cell Phone
Work Phone	Email
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Single
Spouse Name	
May we call you at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHRISTIAN & MINISTRY EXPERIENCE	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received Jesus Christ as your personal Lord and Savior?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been baptized with water?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you believe in the virgin birth & deity of our Lord Jesus Christ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you believe that man must be born again to receive eternal life?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you believe that Jesus is the only way to God and Heaven?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you believe in the infallibility of the Scriptures?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you believe that Jesus rose in bodily form from the dead?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you believe in the infilling of the Holy Spirit?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you believe that the gifts of the Holy Spirit are for today?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you believe in eternal rewards? (heaven for the believer and hell for the lost)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever volunteered in ministry before? If yes, in what department have you
been involved and with what church or organization?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any limitations or conditions preventing you from performing certain types of
activities relating being a Team Member? If yes, please explain.	

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CHURCH BACKGROUND	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you regularly attend Great Plains Church? How long have you attended?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your spouse in agreement with you becoming an active part of Great Plains Church?
List other churches you have attended regularly during the last 5 years.	
Church Name	Dates Attended
City, State	Pastor
Reason for Leaving	

OTHER INFORMATION
Why do you want to be involved in volunteering at Great Plains Church?
Please explain how you came to know Jesus as your savior.

REFERENCES - only to be completed by those wanting to work with children under 18 years of age (children or youth)	
Please Submit 2 references, none of which can be related to you.	
Name	Phone
Years Known	How do you know the reference?
Name	Phone
Years Known	How do you know the reference?

PLEASE CIRCLE AREA OF INTEREST				
Host Team (incl. Café, Guest Service, Parking)	Children's Department	Youth/Teens (Radiate122)	Worship Team	Other