



**THE CHURCH  
AT SOUTH LAKE**

# VOLUNTEER APPLICATION

and Background Check Release

FOR OFFICE USE ONLY	
Received	
Staff Sponsor	
Status	
Date	
Expires	
Processed by	

APPLICANT INFORMATION				
<p>This application is to be completed by all applicants requesting to serve as a volunteer in ministry program(s) of The Church at South Lake, Inc. (CASL.) This is not an employment application form. Persons seeking a paid position at CASL are required to complete an employment application. This form is used to help the church provide a safe and secure environment for ministry. For Youth (17 &amp; under) requesting to participate as a volunteer in our ministry program(s) the parent/guardian must complete and sign the authorization section (see Youth Authorization section on back page).</p>				
Date:		Ministry Area(s) Requesting to Serve:		
PERSONAL DATA – Please print clearly and complete each section. Provide your full legal name and any former legal names.				
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
First Name:	Middle:	Last:	<input type="checkbox"/> Sr <input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV _____	
Nickname:		Address:		
City:	State:	Zip:	County:	
Maiden First Name:		Maiden Middle:		Maiden Last:
Former Married First Name:		Former Middle:		Former Last:
Other First Name:		Other Middle:		Other Last:
Date of birth:	Age:	SSN:	Email:	
Home Phone:		Cell Phone:		
DRIVER LICENSE INFORMATION				
State:	Number:		Class:	
PREVIOUS LOCATIONS WHERE YOU HAVE LIVED				
Have you lived in another location other than the address you listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, please explain below:
City	County	State	How Long?	
EMERGENCY INFORMATION				
Emergency Contact Name		Relation		Phone
BACKGROUND ARREST RECORD				
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, please explain below:
Offense <small>use separate sheet of paper if more space is required</small>	Date (Month/Year)	County	State	Disposition – Write outcome of case below: Guilty (Convicted)      Adjudication Withheld Not Guilty (Acquitted)      Other (Explain) Dismissed or Nolle Prossed
PERSONAL TESTIMONY & CHURCH MEMBERSHIP				
Are you a born-again Christian? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe how and when you accepted Christ as your personal Savior:		
Are you a member of The Church at South Lake?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how long?
If no, do you attend a local church?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which one?
Are you an active member of a Life Group?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which class?
PERSONAL / CHARACTER REFERENCE (DO NOT LIST RELATIVES)				
Name:		Relationship:		Years Known:
Phone:		Email:		

*Continued*

**VOLUNTEER COMMITMENT**

Applicant has demonstrated and agrees to our Mission, Purpose, Core Values and *Membership Covenant*:

1. Mission  
To Develop Fully Devoted Followers of Jesus Christ
2. Purpose
  - a. Worship
  - b. Evangelism
  - c. Discipleship
  - d. Ministry
3. Core Values
  - a. Worship – We Seek to Know God
  - b. Evangelism – We Connect People to the Message of Christ
  - c. Discipleship – We Equip People to Walk with Christ
  - d. Ministry – We Share God’s Love by Serving Others

**APPLICANT AUTHORIZATION AND CONSENT**

This authorization and consent for release of personal information acknowledges that The Church at South Lake, Inc. (CASL) may now or at any time I am in a volunteer service, conduct investigations whether the records are of a public, private or confidential nature. These investigations **might** include, but are not limited to, driving records, educational references, credential references, personal references, name verification, Social Security verification, county civil court records, county felony criminal history, county misdemeanor or criminal history, federal civil court records and criminal history (statewide, federal or extended). I understand that these searches will be used to determine volunteer work assignment for CASL. Therefore, I authorize and consent for full release of records to the authorized representatives of the church. In addition, I release and discharge CASL and its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, expenses or any other charges or complaints filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Act, I am entitled to know whether volunteer service was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. After reading this document, I fully understand its content and authorize the background verification. I also certify that the answers provided above and below are accurate to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of volunteer eligibility. Should my application be accepted, I agree to be bound by the bylaws and policies of CASL and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Printed Name

Signature of Applicant

Date

**YOUTH VOLUNTEER - GUARDIAN AUTHORIZATION (AGE 17 & BELOW)**

My permission is granted to my child to volunteer with The Church at South Lake, Inc. (CASL). I authorize the administrator of CASL to obtain necessary medical attention to my child in the event of an emergency or injury to my child. I understand that every effort will be made to contact me should such a situation occur. I also grant permission to the above named individuals to obtain medical information from my child’s physician or any other institution or health care provider who has knowledge of my child’s medical history. I understand that all information obtained will be kept strictly confidential and will be used only to aid CASL in better serving the needs of my child. I also do hereby verify that the above information is correct and I do hereby release all employees of CASL from any claims and actions arising out of any damage or injury to my child while he/she is a volunteer of CASL.

Printed Youth Name

Signature of Guardian

Date