

volunteer application

Thank you for your interest in serving at Word of Grace! Please print or type the following information. All information must be completed before review and will be held in confidence. Please mark any areas that are not applicable "N/A". Once completed, please sign and date on the reverse side and return as directed.

general information

Full Name _____

Contact information (if different from that entered on membership application) _____

placement information

What position are you applying for? _____

List your primary skills, trades, and hobbies: _____

If you are applying for a children's or youth ministry position, please complete the following section as well as the applicant's section of both attached Personal Recommendations.

children/youth/celebrate recovery

This section is extremely thorough only because of our great love and responsibility for people, and not at all motivated by any suspicion or accusation. We trust that your desire to serve is motivated by that same love and level of concern, and we appreciate your honesty in answering all questions. A criminal background check will be part of this process.

Describe your experience in working with infants, children, or youth: _____

Please list any physical limitations or health problems which might interfere with serving in either of these ministries: _____

Are you currently under a doctor's care? If yes, please explain: _____

Have you ever been convicted of a felony or misdemeanor other than a traffic violation? ___ Yes ___ No

If yes, please explain: _____

Have you ever been accused of child abuse of any kind? ___ Yes ___ No

If yes, please explain: _____

Have you ever been involved in homosexual activity? _____

Please describe any other information that would affect your serving the children or youth at Word of Grace:

Please list two people (not family members) as personal references and their contact information:

Name _____

Address _____

City / Zip _____

Daytime phone _____

Email _____

Relationship _____

Name _____

Address _____

City / Zip _____

Daytime phone _____

Email _____

Relationship _____

serving requirements

- 1 Be a member of Word of Grace Community Church
- 2 Fulfill training requirements
- 3 Willingly serve as scheduled and/or needed
- 4 Be prompt for all service times as assigned
- 5 Make every effort to attend all meetings scheduled by your ministry coordinator
- 6 Be willing to serve at special services
- 7 Faithfully attend regular worship services when not ministering
- 8 Strive to live a godly lifestyle and grow in Christ-likeness

Applicant:

"I desire to serve in this ministry and verify that all information in this application is accurate to the best of my knowledge. My spouse is supportive of my ministry involvement at Word of Grace."

Signature _____ Date _____

Please submit your application in a sealed envelope addressed to the Director of Volunteers and drop it off at Guest Services or mail it to the church office: WOGCC, P.O. Box 31, Sheboygan Falls, WI 53085. Thank you for your willingness to serve!

"Each one should use whatever gift he has received to serve others, faithfully administering God's grace in its various forms."

1 Peter 4:10