



**H O R I Z O N**  
CHRISTIAN FELLOWSHIP

# VOLUNTEER APPLICATION

PLEASE PRINT: LAST, FIRST NAME



# VOLUNTEER APPLICATION

This application is to be completed by all applicants for any volunteer or compensated position involving the supervision or custody of minors. This is not an employment application. Persons seeking a position in the church as paid employees will be required to complete an employment application in addition to this screening form. Thank you for helping our church provide a safe and secure environment for children and youth who participate in our programs and use our facilities.

## BASIC INFORMATION

FULL NAME

ADDRESS

CITY

STATE

ZIP

CELL PHONE

( )

HOME PHONE

( )

BEST TIME(S) TO REACH ME

EMAIL ADDRESS

DRIVER'S LICENSE #

STATE OF ISSUE

SOCIAL SECURITY #

EMPLOYER

WORK POSITION

WORK ADDRESS

DURATION OF CURRENT EMPLOYMENT

YEARS

MONTHS

HOW LONG HAVE YOU ATTENDED HORIZON

YEARS

MONTHS

EMERGENCY CONTACT (CELL)

( )

NAME/RELATIONSHIP

## FAMILY INFORMATION (OPTIONAL)

MARITAL STATUS

M / S / D

SPOUSE'S NAME (IF MARRIED)

ANNIVERSARY (IF MARRIED)

CHILDREN'S NAMES & AGES

1

AGE

2

AGE

3

AGE

4

AGE

5

AGE

6

AGE

**EDUCATION**

**HIGH SCHOOL**

**CITY**

**STATE**

**GRAD YEAR**

**COLLEGE**

**CITY**

**STATE**

**GRAD YEAR**

**DEGREE(S)**

**OTHER ED/TRAINING/LICENSES**

**MINISTRY EXPERIENCE**

**1 CHURCH**

**CITY/STATE/ZIP**

**AREA OF SERVICE**

**DATES**

**CONTACT PERSON**

**PHONE # ( )**

**2 CHURCH**

**CITY/STATE/ZIP**

**AREA OF SERVICE**

**DATES**

**CONTACT PERSON**

**PHONE # ( )**

**3 CHURCH**

**CITY/STATE/ZIP**

**AREA OF SERVICE**

**DATES**

**CONTACT PERSON**

**PHONE # ( )**

**TELL US ABOUT YOURSELF**

**WHEN & HOW DID YOU BECOME A CHRISTIAN?**

Large empty text area for response.

**WHAT HAVE YOU BEEN DOING TO GROW SPIRITUALLY IN THE PAST YEAR?**

[Empty text box for spiritual growth response]

**PLEASE EXPLAIN HORIZON'S VISION STATEMENT TO THE BEST OF YOUR UNDERSTANDING**

[Empty text box for vision statement explanation]

**REFERENCES**

Please provide three character references (other than family members) who can identify your strengths & weaknesses and describe your background.

<b>1</b>	<b>NAME</b>		<b>RELATIONSHIP</b>	
	<b>EMAIL</b>			
<b>2</b>	<b>NAME</b>		<b>RELATIONSHIP</b>	
	<b>EMAIL</b>			
<b>3</b>	<b>NAME</b>		<b>RELATIONSHIP</b>	
	<b>EMAIL</b>			

**ARE YOU INVOLVED WITH A CORE GROUP (HOME FELLOWSHIP) OR ANY OTHER BIBLE STUDY?**

<b>YES</b>	<b>LEADER'S NAME</b>	<b>ATTENDED</b>	<b>YEARS</b>	<b>MONTHS</b>
<b>NO</b>	<b>WHY?</b>			

**MEDIA MINISTRY AREA**

<b>BROADCAST AUDIO</b>	<b>CAMERA OPERATOR</b>	<b>VIDEO ROOM</b>
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**WHY DO YOU DESIRE TO BE SERVE THE ABOVE MINISTRY?**

**ARE YOU ABLE TO COMMIT TO SERVING IN THIS MINISTRY, TO SOME CAPACITY, FOR AT LEAST A YEAR?**

**MEDIA MINISTRY VISION STATEMENT**

**THANK YOU FOR YOUR INTEREST IN SERVING OUR CHURCH THROUGH THE HCF MEDIA MINISTRY (HMM). THE FOLLOWING IS MEANT TO GIVE YOU A FIRM GRASP OF OUR VISION FOR THE HMM, AS WELL AS GIVE YOU A FEW FAIR EXPECTATIONS IN REGARDS TO HOW THE APPLICATION PROCESS WILL BE CARRIED OUT.**

In 1 Corinthians 12, Paul gives us a wonderful analogy for the Church as a body. Each person within the body has been given gifts and talents and we are privileged to use those for the glory of God and the edification of others. In the HMM, it is our desire and vision that the teams be built by members of our church, thus giving the members of our church the opportunity to use their gifts and talents to glorify God and edify His people.

We strive to use media in the church not to create a show or concert-feel, but to create an atmosphere where true worship can take place. An atmosphere free of distraction and technical glitches, with the focus being on worship and the teaching of the Word. If there is one thing the enemy loves to do during a service, it's to distract God's people. Our goal as a media ministry is that you could attend a service at HCF and never realize that there is an entire team serving in the back helping to facilitate the worship service through technology.

**VOLUNTEER CONDUCT & GUIDELINES**

**THE FOLLOWING AREAS ARE VERY IMPORTANT IF YOU ARE TO MAINTAIN A GOOD REPUTATION AND WITNESS. WE NEED YOUR COMPLIANCE IN EACH OF THESE AREAS FOR YOU TO BE A VOLUNTEER.**

1. You must NOT have a lifestyle that is contrary to clear Bible principles (this includes anything displayed on your social networking sites). We're asking you to live above reproach in all areas of your life. (Appearance of impropriety, sin, etc.)
2. Attend church at Horizon on a regular basis.
3. Do not use illegal drugs.
4. Do not get drunk, and be discerning of your use of alcohol in public areas, etc.

\*If any of the above guideline rules are broken, it is up to the pastor as to what type of discipline is to be taken.

**I HAVE READ THE ABOVE AND ACCEPT THE VOLUNTEER CONDUCT AND GUIDELINES CONTRACT.**

<b>PROSPECTIVE VOLUNTEER SIGNATURE</b>	<b>DATE</b>	/	/
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**WAIVER / RELEASE**

I, the undersigned, give my authorization to **HORIZON CHRISTIAN FELLOWSHIP** representatives—hereafter referred to as HCF—to verify the information on this form. HCF may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a church ministry worker. I am willing to request and submit to HCF background reports on myself from the (state) Department of Social Services central registry.

**THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.**

I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for student ministry. In consideration of the receipt and evaluation of this application by HCF, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the constitution, statement of faith and policies of HCF, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of HCF. If I violate these guidelines, I understand that my volunteer status may be terminated. By signing this application, I state that all of the information given about myself is true.

**I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT.**

<b>PRINT NAME</b>	
<b>SIGNATURE</b>	<b>DATE</b> / /
<b>WITNESS</b>	<b>DATE</b> / /