

TEAMNB **NBCHURCH**
NEW BEGINNINGS

VOLUNTEER MINISTRY

NAME _____ PHONE NUMBER _____

VOLUNTEER MINISTRY OPPORTUNITIES

TEAM NB SERVING THIRD QUARTER

(Sit one, serve one service)

First Service Second Service

HOSPITALITY MINISTRY

- Greeter
- Medical Team (RN, EMT, CNA)
- Mingler
- Parking Lot Attendant
- Security
- Usher
- Welcome Center

WATCHMEN ON THE WALL

- Leader
- Volunteer

KID CITY CHILDREN'S MINISTRY

- Teacher
- Assistant
- Check In

LIFE GROUP MINISTRY

- Life Group Leader

TECH ARTS

- Camera Operator
- Lighting Operator
- Graphics
- Pro-Presenter
- Sound Operator/Helper
- Cable Grip
- Audio
- Video

PRAYER TEAM

- Altar Worker
- Prayer Partner

CUSTODIAL ASSISTANCE

- Vacuum
- Bathrooms
- General Clean up

LADIES NIGHT OUT

- Leader
- Volunteer

IGNITE YOUTH MINISTRY

- Leader
- Volunteer
- Worship Team
- Tech Arts

BOOKSTORE

- Volunteer

CAFE

- Volunteer

SECURITY

- Volunteer

OTHER

*Positions may be rotated quarterly

VOLUNTEER APPLICATION

BACKGROUND HISTORY RECORD INFORMATION AUTHORIZATION

* IS OPTIONAL

Name: _____
First Middle Last DOB: _____
M/D/Y

Address: _____
Street City State Zip

Phone: _____ Date of Salvation: _____
Home Cell Work

Email: _____ *Single ___ *Married ___ *Spouse Name _____

Baptism of Holy Spirit Water Church Attendance: Twice Week Once Week Other _____

List your leadership qualities and any past ministry, schooling, training or work experience that you feel will help prepare you for a successful volunteer ministry at DFW New Beginnings Church:

Have you been through any New Beginnings leadership training? If so, what? _____

Are you certified in First Aid and CPR? Yes ___ No ___

*Explain any medical restrictions that may prevent you from fulfilling your ministry duties:

Emergency Contact: _____

REFERENCES

Personal Reference:

Name Phone

Name of New Beginnings staff or leadership that you are acquainted with:

Name Phone

The information contained in this application is true and accurate. I understand that serving is an important ministry responsibility. I am ready to surrender and allow the Lord to use my life to bring love and anointing of God into the lives of those I come in contact with. I am fully committed to following all church policies, guidelines, rules and regulations. My desire is to be a positive, influential leader and I sincerely desire to be a blessing. I will not involve myself in any unscriptural or unholy conduct or activity. I will always as a Christian role model, be ready to give my best to the Lord and to His people.

Sign: _____ Date: _____

OFFICE USE ONLY

Reviewed by: _____ Date: _____

Background completed by: _____ Date: _____

Key Areas of Ministry: 1. _____ 2. _____ 3. _____

Comments: _____

This application is being used as a tool to provide a safe and secure environment for DFW New Beginnings Church (DFWNB) and Larry Huch Ministries (LHM). The requested information regarding sex, race and date of birth is required by the Texas Department of Public Safety. This information will be kept strictly confidential and secure. This information is necessary only for the processing of the criminal history and will be released only as required by law.

VOLUNTEER NAME: _____
As on drivers license Last First Middle Maiden

SEX: Male Female RACE: American Indian Asian African American Hispanic Caucasian

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Numeric Month/Day/Year City County State

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DRIVER'S LICENSE NUMBER: _____
State Number

PRIOR RESIDENCE(s): _____
City/County/State

Have you ever been convicted or charged of a Felony, Class A, or Class B misdemeanor or sex related and/or child abuse related offenses?

Yes No

If the Texas Department of Public Safety returns an apparent criminal history for anything other than a minor traffic offense, you will not be placed on the "Approved" list until you are able to provide official proof that the record is clear.

IN ORDER TO PROTECT THE MEMBERS OF DFW NEW BEGINNINGS CHURCH AND/OR LARRY HUCH MINISTRIES, WE ASK OUR VOLUNTEERS TO READ AND SIGN THE FOLLOWING:

I understand that the information obtained by DFWNB and/or LHM pursuant to this release is confidential and will be protected as much as reasonably possibly.

I further agree that reproduced copies of this Release shall have the same force and effect as the original. This authorization is valid for the entire period of my service as a volunteer with DFWNB and/or LHM.

*We reserve the right to run a background check on the above every 12 months.

I, the undersigned, authorize DFW New Beginnings Church and/or Larry Huch Ministries to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency and to use said information for the purpose of evaluating my application for volunteering. I hereby authorize DFW New Beginnings Church to request any relevant information from my employer(s), and I authorize any references to release such information. Additionally, any investigative firm or authorized agent SHALL NOT BE LIABLE for gathering or use of inaccurate or incomplete information in connection with this release.

Volunteer Signature Date

OFFICE USE ONLY

Expires: _____ - _____ - _____

DFW New Beginnings Church/Larry Huch Ministries Date Received: _____ CRC Processed: _____

Reference 1: _____

Reference 2: _____