

New Life Volunteer Information Sheet

Please print clearly!!

Date: _____ DOB: _____ Shirt Size: _____
(some groups may wear ministry-specific shirts)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ (best one to communicate with)

Area(s) I am helping with or would like to help with:
(circle all that apply, but no more than 3 weekly ministries #1-10 please):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> KidZone* | <input type="checkbox"/> 6) Greeting | <input type="checkbox"/> 11) Project Care* | <input type="checkbox"/> 16) Share-A-Pair |
| <input type="checkbox"/> Nursery* | <input type="checkbox"/> 7) Parking Lot | <input type="checkbox"/> 12) Senior Ministries | <input type="checkbox"/> 17) Prayer Team |
| <input type="checkbox"/> Bible Clubs* 8) CD Desk | <input type="checkbox"/> 13) Inner-City Outreach* | <input type="checkbox"/> 18) LifeGroup Leader | |
| <input type="checkbox"/> TRU Students* | <input type="checkbox"/> 9) Multimedia | <input type="checkbox"/> 14) Upward Soccer* | <input type="checkbox"/> 19) Church Support |
| <input type="checkbox"/> 5) Ushering* | <input type="checkbox"/> 10) Sound | <input type="checkbox"/> 15) Community Impact | <input type="checkbox"/> 20) Summer Camp* |

**Volunteers seeking to work in these areas either interact with children or involve healthcare and/or home visitation and are required to undergo a background check.
For that purpose, please provide the required information on the next page.*

If the ministry or ministries you are volunteering for operate during our weekly services (#1-10 above), please check the box of the service(s) you are available to work and show how often you can work (if needed) by putting the number(s) of the ministry (see #'s 1-20 above) on the appropriate line below (check all that apply):

<input type="checkbox"/>	Sunday (8:30am):	_____ 1x/mo,	_____ 2x/mo,	_____ 3x/mo,	_____ 4x/mo
<input type="checkbox"/>	Sunday (10:00am):	_____ 1x/mo,	_____ 2x/mo,	_____ 3x/mo,	_____ 4x/mo
<input type="checkbox"/>	Sunday (11:30am):	_____ 1x/mo,	_____ 2x/mo,	_____ 3x/mo,	_____ 4x/mo
<input type="checkbox"/>	Sunday (6:00pm):	_____ 1x/mo,	_____ 2x/mo,	_____ 3x/mo,	_____ 4x/mo
<input type="checkbox"/>	Tuesday (7:00pm):	_____ 1x/mo,	_____ 2x/mo,	_____ 3x/mo,	_____ 4x/mo
<input type="checkbox"/>	Thursday (7:00pm):	_____ 1x/mo,	_____ 2x/mo,	_____ 3x/mo,	_____ 4x/mo

Provide additional details on availability here (if needed): _____

How long have you attended New Life? _____

Have you accepted Jesus Christ as your personal Savior? _____

Do you currently support New Life financially? _____

Do you currently use or consume alcohol, tobacco, or non-prescription drugs? _____

If so, which ones? _____

Why do you want to volunteer with New Life? _____

**Volunteers seeking to work in the following areas either interact with children or involve healthcare and/or home visitation and are required to undergo a background check:*

*(KidZone, Nursery, Bible Clubs, TRU Students, Ushering,
Project Care, Inner-City Outreach, Upward Soccer, Summer Camp)*

For that purpose, please provide the required information below.

(all information will be kept confidential)

Social Security Number: _____
(required for electronic background check)

Please list three references:

(Note: References cannot be related to you and no more than one can be a regular attender of New Life Church)

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Thank you for your willingness to serve God and others!!

Signature: _____

Date: _____

Staff Approval: _____

Date: _____