

# SERVE APPLICATION Please Print

Name:		F	Phone:			
Sunday serving notifications can be sent via text. If you would	d like to receive re	minders by text	t, please list y	our Cell Phone	e Provider:	
Address:					Best time to call:	
City:			State:		Zip Code:	
Email Address:					р	
Marital Status:	DOB (I	mm/dd/yy	vv):		□ Male	□ Female
Spouse Name:		How long have you attended New Life Church?				
Children and DOB:	I	<u> </u>				
High Cahaal (Nama City Ctata)		Collogo	Llnivorci	tu (Nama	9. Dograp)	
High School (Name, City, State)	col (Name, City, State)  College / University (Name & Degree			& Degree)		
Occupation:						
Employer:						
· '						
HERE ARE YOU INTERESTED IN SER	RVING? [Ple	ease rank	in order	of your in	terest level	.]
☐ Welcome Team/Greeting/Hospitality		□ Worsh	•			
☐ Ushers		☐ Administrative/Office Help				
		☐ Media/Graphics/Video/Photography				
☐ Parking Lot		☐ Media/	-		otography	
☐ Nursery/Preschool		☐ Media/☐ Produc	tion Tea	m/Audio/0	notography Camera/Ligh	nting
☐ Nursery/Preschool☐ Elementary Kids		☐ Media/☐ Produc	ction Tea ess/Com	m/Audio/0 munity Oເ	notography Camera/Ligh	nting
<ul><li>□ Nursery/Preschool</li><li>□ Elementary Kids</li><li>□ Special Needs</li></ul>		☐ Media/☐ Produce☐ Homel☐ Life Gr	ction Tea ess/Com oup Lead	m/Audio/0 munity Oເ	notography Camera/Ligh	iting
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### **MORE ABOUT YOU**

Have you given your life to Christ? ☐ Yes ☐	1 No <i>If</i>	yes, when	?	
Have you been water baptized? ☐ Yes ☐ N				
Please briefly share with us how you came to	o know	Christ:		
Have you attended Starting Point? ☐ Yes ☐	□ No <i>If</i>	yes, wher	1?	
Do you tithe regularly to New Life Church?	□ Yes	□ No		
Are there any limitations, physical or otherw your placement in ministry?	ise, tha	t should b	e taken into account when considering	
□Yes □No <i>If yes, please explain:</i>				
, , , , , , , , , , , , , , , , , , , ,				
OUR SERVING STORY				
I am new to serving. ☐ Yes ☐ No Have you worked or volunteered at New Life	e Church	h before?	□ Yes □ No	
If yes, please describe:				
Have you ever worked or volunteered at and				
If yes, please provide the following for each chul necessary.)	rcn wne	re you nave	e served in the past. (Use additional paper if	
Church Name:	D	ates:		
Address:				
City:	State:	1	Phone:	
How did you serve?		Supervis	or:	
Church Name:		Dates:		
Address:				
City:	State:		Phone:	
How did you serve?		Supervis	or:	
Please Give us Two Adult Personal Refe	erence	s (Other	Than Relatives or Employers)	
Name:		Name:		
Address:		Address:		
State: Zip:		State:	Zip:	
Phone:		Phone:		
E-mail Address:		E-mail Ad	dress:	
Relationship to you:		Relationsl	nip to you:	

## WHAT DO YOU BELIEVE? Indicate all statements that apply to you. I Believe: ☐ That Jesus Christ was conceived by the Holy Spirit and ☐ That the Holy Bible is the inspired born to a virgin. (Matt 1:23). written Word of God (2 Timothy 3:16). ☐ That Jesus is God's Son (John 3:16) and the only sacrifice ☐ That a person must be born again to for sin (Romans 3:23-25). receive eternal life (John 3:3-8). ☐ That Jesus was raised from the dead (Romans 10:9) and now sits at the right hand of the Father in Heaven (Mark 16:19) YOUR BACKGROUND A "yes" answer does not necessarily disqualify you. Have you been diagnosed with any communicable or contagious disease that has any chance of being passed on to other adults or children? (HIV, AIDS, Hepatitis, Tuberculosis, etc.) ☐ Yes ☐ No If yes, please explain: Have you ever been charged, arrested, or convicted of a felony or misdemeanor? ☐ Yes ☐ No *If yes, please explain:* Have you ever terminated your employment or had your employment terminated or has your employer ever reprimanded you for reasons relating to allegations of: 1. Theft or mishandling of monies or company property? ☐ Yes ☐ No If yes, please explain: 2. Physical or sexual abuse or sexual harassment by you? ☐ Yes ☐ No If yes, please explain: Have you ever been accused of anything involving physical or sexual abuse, neglect, child pornography, or sexual harassment? ☐ Yes ☐ No If yes, please explain:

Other than above, is there any fact or circumstance involving you or your background that would call into question you being entrusted with the supervision, guidance, and care of children or young people?

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

If yes, please explain:

If yes, please explain:

☐ Yes ☐ No

#### PLEASE READ AND SIGN

My answers on this application are complete and true to the best of my knowledge. I authorize New Life Church and its agents to verify any information related to my application. I also authorize individuals, schools, employers, and law enforcement or government officials to freely release any information concerning my background and character. In consideration of the receipt and evaluation of this application by New Life Church, I hereby release any individual church, or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family on a account of compliance, or any attempt to comply, with this authorization, excepting only the communication of knowingly false information.

I understand that I have the right to inspect any information provided about me by any person or organization identified by me in this application, upon my request.

Should my application be accepted, I agree to submit to the policies and procedures of New Life Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I agree to live my life in a manner that honors the Lord and reflects the values of New Life Church.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

APPLICANT SIGNATURE: DATE:

#### **NEED MORE SPACE FOR SOMETHING? WRITE IT HERE:**

#### APPLICANT DISCLOSURE AND BACKGROUND CHECK AUTHORIZATION FORM

I understand that New Life Church may seek and obtain investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, but are not limited to consumer credit reports, criminal history records (from local, state and federal agencies), sexual offender's lists, wants and warrants records, and motor vehicle records. I hereby authorize, without any reservation, the full release of these records from such agencies and hereby release such agencies from any liability resulting from disclosure of this information. In addition, I release and discharge New Life Church from any expenses, losses, damages, and liabilities for the investigative process. Upon request, New Life Church will supply a copy of my reports and my rights under the FCRA. Requests may be directed to: New Life Church, 5801 McArdle Rd., Corpus Christi, TX, 78412 or by contacting New Life Church at 361-992-9921.

Signature	Today's Date	dd/ ;		
				1
PRINT Full Name	Maiden N	lame		Mo/Year Married
PRINT All Aliases (Last Name Only)				
Current Address:				
mm/dd/yyyy Date of Birth	Place of Birth			_
Social Security Number				
mm/yyyy Date Moved to Texas				
If you have lived in Texas for LESS recent STATE where you lived beforago.	· •		-	•
recent STATE where you lived beforago.  Dates: From	re moving to Texas and e	ending with th Zip:	ne STAT	E you lived in 10 years
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