



VICTORY

VOLUNTEER APPLICATION

groups leadership

OFFICE USE ONLY	
REQUESTING DEPARTMENT	_____
BACKGROUND CHECK DATE	_____
INTERVIEW DATE	_____
REFERENCE	_____
PLACEMENT	_____

NAME		DATE OF BIRTH
ADDRESS:		
CITY/STATE	ZIP:	SHIRT SIZE
PRIMARY PHONE/CELL		WORK NUMBER
EMAIL ADDRESS		
EMPLOYER NAME		SOCIAL SECURITY #: — —
MARITAL STATUS:	SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/>	OCCUPATION
SPOUSE'S NAME		
FACEBOOK	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>

group classification

<input type="checkbox"/> Singles	<input type="checkbox"/> Singles - Co-Ed <small>(Led By Married Couples)</small>	<input type="checkbox"/> Married <small>(Men, Women, Couples)</small>
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Spiritual Life and Experience:

How long have you attended Victory Worship Center? _____

Have you or are you currently serving in any other ministries at Victory Worship Center Yes No
(if the answer is yes please list the other ministries you have or currently are serving in)

Do you have a personal faith and relationship with Jesus Christ as Lord and Savior? Yes No

Have you ever been convicted of a felony involving child abuse or a crime involving actual or attempted molestation of a minor?
 Yes No (If the answer is yes, please provide date and nature of offense on a separate sheet of paper.)

Have you ever been convicted of a criminal offense (excluding minor traffic violations)?
 Yes No (If the answer is yes, please provide date and nature of offense on a separate sheet of paper.)

Do you have any physical limitations or conditions which might prevent you from performing certain types of duties or activities?
 Yes No (If the answer is yes, please list them on a separate sheet of paper.)

Have you volunteered as a Group Leader at a previous church?
 Yes No (If the answer is yes, please list the church, your church contact information, and your duties below.)

Please list any additional experience working as a Team Leader in a volunteer or professional capacity:

Please list any special training or experience you have had in working as a Group Leader:

PERSONAL TESTIMONY

Please share your journey of faith. Describe your current relationship with God and the history of your commitment to Christ.

PERSONAL REFERENCES:

Please provide complete reference information. No former employers, relatives, or members of the Victory Worship Center Pastoral Staff.

Name: _____ Phone Number: _____ OFFICE USE ONLY
Date References Checked _____

Name: _____ Phone Number: _____ OFFICE USE ONLY
Date References Checked _____

VICTORY WORSHIP CENTER STATEMENT OF FAITH:

We believe in God the Father revealed through His son Jesus. Jesus gave His life on the cross for our sins and is our only means to be reconciled to the Father. We believe in the Holy Spirit who is given to us upon our confession of faith in Jesus Christ. The Holy Spirit leads, guides, comforts and empowers us in our journey of faith. We believe the word of God is infallible and is the source of truth for faith and life. We believe the church is part of God's design to encourage and to support believers while corporately glorifying God through various forms of service and worship.

PLEASE CHECK: I AGREE WITH VICTORY WORSHIP CENTER'S STATEMENT OF FAITH.

APPLICANT'S CONSENT:

I understand that Victory Worship Center will gather information for the purpose of determining compliance with the standards set by Victory Worship Center. The information contained in this application is correct to the best of my knowledge. I authorize a criminal background check at any time after receipt of this authorization and throughout my volunteer position(s) or time of employment and the release of any information which pertains to any record of convictions in its files or in any criminal file maintained on me whether local, state or national. I hereby release any law enforcement agency from any and all liability resulting from such disclosure. Any person or entity relying on this request may rely on a photocopy of facsimile as if it were an original. I understand that this verification may include any inquiry into criminal and civil records, motor vehicle driving record as well as other public record information and that all information (including this document) will be kept confidential. I authorize the release of such information as may be necessary to perform this service. I release and hold harmless from all liability any individual or entity requesting or supplying information. I also authorize Victory Worship Center to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

(Applicant's Signature)

(Date)