



# Serving Application

Office Use Only	
Application	
Covenant	
Handbook	
Background Check	
References	
Interview	
First Glance	
Placement	

**General Information:**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Gender: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**Work Status:**
 Part-Time     
  Full Time     
  Student     
  Stay-at-home

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Marital Status:**
 Single     
  Married

If you are a parent, list your children's ages: \_\_\_\_\_

**Under 18:**

Parent's/Guardian's Name: \_\_\_\_\_

List your school and current grade: \_\_\_\_\_

Do your parents attend GFC? \_\_\_\_\_

Are your parents supportive of your desire to serve? \_\_\_\_\_

**Membership Status:**

- Regular Attendee                       Member

How long have you attended Grace Fellowship Church?

What groups have you participated in at GFC?

Have you ever served at GFC? If so, where and for how long?

**What is your area of interest?**

- |  |   |
|--|---|
| <input type="checkbox"/> Infants/Toddlers    | <input type="checkbox"/> Elementary   |
| <input type="checkbox"/> 2 year olds         | <input type="checkbox"/> Access Ministry (special needs)                    |
| <input type="checkbox"/> Preschool           | <input type="checkbox"/> Vertical (5 <sup>th</sup> & 6 <sup>th</sup> grade) |
| <input type="checkbox"/> Large Group Worship | <input type="checkbox"/> Large Group Storytelling                           |

**What is your preferred service time to volunteer?**

- 9:15am                       11:00am

Describe any previous church volunteer experience or other ministry experience you have had.

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What experiences/talents do you have, and how would you like to use them in ministering to others?

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Why do you want to be involved in ministry?

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Tell us about your spiritual journey.

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Is there anything else you would like to share that you think would be beneficial for us to know?

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**References:**

Please list two adults you have known for at least one year, who are not related to you, and have knowledge of your character and ability to work with children/students.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I verify to the best of my ability that the information on this application is correct. I give Grace Fellowship Church the right to investigate all references and to secure additional information about me, if service-related. I, hereby release from liability Grace Fellowship Church and its representatives for seeking such information and all persons, corporations, or organizations for furnishing such information.**

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Guardian Signature (If under 18)** **Date**