



Involvement Application

New Life Worship
Reaching up, Reaching In, Reaching Out
154 Lakeside Dr. Canton Ga. 30115
E-mail tjones@nlwccanton.com Phone 770.345.2660
Fax 770.345.2950

Ignited

Children's Ministries

Involvement Application

Name _____
SSN _____

Address _____

Primary Contact _____

Place of Employment _____

Work Phone _____

Is ok to call?	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>

E-mail (if applicable) _____

Birthday _____

Have you taken a spiritual gift assessment?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

Area of Interest

- CHILDREN'S MINISTRY
 YOUTH MINISTRY
 ANY OTHER AREA NOT MENTIONED

What times would be best to set up an interview? _____

Please list one reference

Name	Relationship	Contact #
_____	_____	_____

Why do you want to be involved in Children's Ministries? And previous Volunteer Career History (Additional page attached for more space)

Children's/Youth Worker Verification and Release

I recognize that New Life Worship Center is relying on the accuracy of the information I provide on the children's/youth worker involvement application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed on the children's/youth worker involvement application form and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background and qualifications.

I voluntarily release the organization and any such person or entity listed on the children's/youth worker involvement application form from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such an investigation is deemed necessary.

I have carefully read the policy and procedures of the organization and agree to abide by them and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed name: _____

Signature: _____ Date: _____

(Please read this document carefully before you sign it)