

New Hope Community Church -Adult Volunteer Form

This form is to be completed for any volunteer position involving the supervision or care of minors. This is being used to provide a safe and secure environment for the activities or programs of the church.

Name (First, Middle and Last): _____

Other names by which you have been known (including maiden name): _____

Present Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ (mm/dd/yyyy) example 10/23/1970

Social Security Number: _____

How long have you attended NHCC? _____ Are you a member? _____

What areas of ministry are you interested in serving in?

Have you ever been arrested for, charged with, under probation for, or convicted of sexual abuse, physical abuse, child abuse or neglect of any person? ___No ___Yes

If yes, explain _____

Do you have any criminal charges pending against you? ___No ___Yes

If yes, explain _____

I understand that in serving as a volunteer for New Hope Community Church, that I am willing to abide by the policies set forth to reduce the risk of child abuse in the church. I understand that child abuse is a serious matter and will do my part in the prevention of child abuse while serving at New Hope Community Church.

The information provided above is truthful and accurate to the best of my knowledge.

_____ Signature _____ Date Signed