



Highland Community Church  
1005 N 28<sup>th</sup> Ave, Wausau, WI 54401  
kcomport@earthlink.net or fcnhcc@gmail.com

### Ministry Volunteer Application

- CONFIDENTIAL -

The purpose of this application is to help the church protect those we serve, our leaders, and the integrity of the Grapevine ministry at Highland Community Church. This is not an employment application.

#### GENERAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

City / State \_\_\_\_\_ / \_\_\_\_\_ ZIP \_\_\_\_\_

Home Ph \_\_\_\_\_

Cell Ph \_\_\_\_\_

e-mail \_\_\_\_\_

Birthdate \_\_\_\_\_

Previous cities, states, and counties lived in for last five (5) years: \_\_\_\_\_

Drivers License #: (transportation only, proof of insurance required) \_\_\_\_\_

#### BACKGROUND INFORMATION

With which church are you currently affiliated? \_\_\_\_\_

In what areas, if any, of church ministry are you presently involved? \_\_\_\_\_

List other churches you have attended regularly over the past 5 years:

Church	City, State	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you know your spiritual gift(s)? If so, please list them here

\_\_\_\_\_

Have you personally accepted Christ as your Lord and Savior?  Yes  No

(Checking "no" does not necessary disqualify you from the Grapevine Ministry.)



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**PERSONAL BACKGROUND** (all but card ministry)

Do you have charges pending, or have you ever committed any act of neglect, abuse, or molestation? (if yes, please explain)  Yes  No

Have you ever gone through treatment for alcohol or drug abuse? (if yes, please explain)  Yes  No

Have you used illegal drugs or abused alcohol in the past six (6) months? (if yes, please explain)  Yes  No

Are there any past or present issues (physical, emotional, mental, or social) that would hinder your ability to volunteer in a responsible manner? (if yes, please explain)  Yes  No

**PERSONAL REFERENCES**

Please list three adults whom have known you for at least one (1) year, who are not related to you and have a definite knowledge of your character.

Name	Nature of Association	Home Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Highland Community Church to verify the information on this form and to perform a criminal background check on me. I authorize any references or churches listed in this application to give the church any information (including opinions) that they may have regarding my character and suitability for volunteering. I hereby release any individual, church organization, charity, employer, or reference from all liability for any damages that may at any time result to me, my heirs, or family, on account of compliance or any attempt to comply with this authorization.

Should my application be accepted, I agree to be bound by the Constitution, Bylaws, and policies of Highland Community Church and to refrain from un-scriptural conduct in the performance of my duties on behalf of the church.

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

_____	Applicant's Signature	_____	Date
_____	Parent Signature (if minor child)	_____	Date
_____	Print Name of Applicant	_____	Maiden Name (if applicable)
_____	Other Names Used by Applicant		