



FUSION

VOLUNTEER APPLICATION

BASIC INFORMATION

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

CELL PHONE NUMBER

WORK/HOME PHONE NUMBER

DATE OF BIRTH

EMPLOYER

POSITION

MARITAL STATUS: Single Married Divorced Widowed

GENDER: Male Female

SPOUSE'S NAME

DATE OF ANNIVERSARY

CHILD INFORMATION

NAME

DATE OF BIRTH

GRADE

NAME

DATE OF BIRTH

GRADE

NAME

DATE OF BIRTH

GRADE

ADDITIONAL INFORMATION

ARE YOU A MEMBER OF SHCC? YES NO IF YES, FOR HOW LONG? _____

HAVE YOU BEEN BAPTIZED? YES NO IF YES, WHEN? _____

If you have not been baptized, we would like to discuss this topic with you.
(Don't freak out; you're not in trouble.)

CLASSES YOU HAVE COMPLETED THE MEMBERSHIP CLASS AT SHCC? YES NO

LIST ANY OTHER INVOLVEMENT YOU HAVE HAD AT SOUTHERN HILLS CHRISTIAN CHURCH:

MINISTRY AREA _____
DATES OF SERVICE

MINISTRY AREA _____
DATES OF SERVICE

MINISTRY AREA _____
DATES OF SERVICE

BRIEF TESTIMONY (Please tell us a little about how you became a Christian and your Christian walk.)

WHY DO YOU WANT TO SERVE IN THIS MINISTRY?

ARE YOU WILLING TO ATTEND ON-GOING MINISTRY TRAINING? YES NO

ARE YOU WILLING TO MAKE A YEAR-LONG COMMITMENT? YES NO

FUSION

List any gifts, training, and/or prior experiences (such as work or previous church service) that have prepared you to serve in FUSION:

In joining the FUSION team and ministering to students, what are you looking forward to?:

What are you nervous or hesitant about?:

____ Once approved, I would like more information on serving on Wednesday nights.

____ Once approved, I would like more information on serving as a Life Group Leader.

REFERENCES

PASTORAL OR VOLUNTEER ORGANIZATION REFERENCE (NO RELATIVES) (Senior Pastor, Associate Pastor, Ministry or Volunteer Supervisor)

NAME

PHONE NUMBER

CHURCH/ORGANIZATION

EMAIL ADDRESS

PERSONAL REFERENCE (NO RELATIVES)

NAME

PHONE NUMBER

RELATIONSHIP

EMAIL ADDRESS

APPLICATION STATEMENT

The information contained in this application is correct and complete to the best of my knowledge. I authorize any references, or organizations; whether or not listed in this application, to give you any information (including opinions) that they may have in regards to my character and fitness for volunteer service. In consideration of the receipt and evaluation of this application by Southern Hills Christian Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that I **HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check may be conducted on me, and I consent to any such check.

I (*check one of the following two options*) **rwaive** (*give up*) **rdo not waive** (*do not give up*) any right that I may have to inspect any information provided about me by any person or organization described above.

I have read and understand the above provisions, and agree to them.

APPLICANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (IF UNDER 18 YEARS OF AGE)

DATE

CARROLLTON MUNICIPAL COURT

(770) 834-4451 • FAX: (770) 836-4235
E-mail: arogers@carrollton-ga.gov



P. O. BOX 1949
CARROLLTON, GEORGIA 30112

ANGIE ROGERS,
TERMINAL AGENCY COORDINATOR

OFFICE OF THE CLERK OF COURT

Carrollton Police Department NCIC/GCIC Criminal History Consent Form

I hereby authorize _____ to receive any Criminal History Record information pertaining to me, which may be in the Files of any State or Local Criminal Justice Agency in Georgia.

A NCIC/GCIC Record Check has been performed on the following individual. This record check is complete and accurate according to the records available to the Carrollton Police Department.

LAST FIRST MIDDLE

ADDRESS CITY STATE ZIP

SSN _____ RACE/SEX _____ DOB _____

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code "M")
- Employment with elder care (Purpose code "N")
- Employment with children (Purpose code "W")

One of the following must be checked:

- This authorization is valid for 90 / 180 / _____ (circle one) days from date of signature.
- I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

I swear and/or affirm that the information provided in this application is true and accurate.

Signature

State of Georgia, County of Carroll

Signed before me on ____ of _____, 20__

NOTARY _____ DATE _____

Operator Who Ran Record Check _____