



# VOLUNTEER APPLICATION SOUTHERN HILLS

## MINISTRY INTEREST:

WUNDER WAY (Birth-2 years)     TREEHOUSE (2-5 years)     ALL STARS (Kindergarten-3rd)  
 456 PRETEEN (4th, 5th, 6th)     THE NEST (Special Needs)     DUG OUT     CHILD CARE

## VOLUNTEER SERVICE PREFERENCE:

SUN. 1ST SERVICE (8AM)     SUN. 2ND SERVICE (10AM)     SUN. 3RD SERVICE (11:30AM)     WEDNESDAY

## AREA OF INTEREST:

LEAD TEACHER     ASSISTANT TEACHER     1ST IMPRESSIONS     AUDIO/VISUAL TEAM     SUBSTITUTE

## 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? \_\_\_\_\_

HAVE YOU 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

# 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 \_\_\_\_\_

## APPLICANT 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 \_\_\_\_\_

### FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

BACKGROUND CHECK:

Date Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_

REFERENCES:

Date #1 Contacted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date #2 Contacted: \_\_\_\_/\_\_\_\_/\_\_\_\_

INTERVIEW:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

MINISTRY ASSIGNMENT: \_\_\_\_\_

# 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 \_\_\_\_\_