Lexington Community Church

Lexington Community Church
Confidential Volunteer Application Form

Thank you very much for your interest in volunteering at Lexington Community Church. Please know that the information contained in this application will be kept confidential. Information will be disclosed only to church staff supervising the area of ministry to fulfill their responsibilities for Lexington Community Church or as required by law.

Personal Information

Print Name _____

Maiden Name *(or other names you are known by)*: _____

Social Security Number: _____ Date of Birth _____

Email _____ Phone _____

Address _____ City _____ State _____ Zip _____

Previous Address *(If you have lived at your current address for less than 2 years)*

Address: _____ City _____ State _____ Zip _____

Driver's License # _____ State Issued _____

Present Employment

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

How long have you been at your current position _____

Spiritual Journey

Do you believe in Jesus Christ alone as your Savior? Yes No

Upon what do you place your hope of forgiveness and salvation? Please explain the Gospel in your own words.

_____
_____
_____
_____
_____
_____

Ministry Area

Please share the area(s) of ministry you desire to serve in and why.

- ☐ Children's Church
- ☐ Sunday School
- ☐ Awana
- ☐ Nursery
- ☐ Other _____

_____
_____
_____
_____
_____

How can we help you be most effective in this area of ministry?

_____
_____
_____
_____
_____

Are you a member of Lexington Community Church? Yes No

Are you aware of any areas where you disagree with the teaching/doctrinal positions of LCC? If yes, please explain.

_____
_____
_____
_____
_____

Do you have any previous ministry experience outside of Lexington Community Church? If yes, please share a brief description.

_____
_____
_____
_____
_____

NOTICE – BACKGROUND INVESTIGATION: Lexington Community Church

In connection with your volunteering at Lexington Community Church, a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency. These reports may contain information about your character, general reputation, and personal characteristics, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends, or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting Lexington Community Church and Protect My Ministry 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com. The scope of this notice and below authorization will continue throughout the course of your volunteering and allows Lexington Community Church to conduct future screenings as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I authorize the obtaining of consumer reports and/or investigative consumer reports by Lexington Community Church at any time after receipt of this authorization and throughout the course of my volunteering:

Signature: _____ Date: _____