Christ Community Fellowship, 160 Singleton Road, Sarver PA 16055



The Spring

Ministry Application

All information provided does not necessarily bar, disqualify from, or guarantee you involvement at The Spring. It is provided for the protection of our students and the holistic development of our volunteers.

Personal Information					
Name	Home Phone ()	Cell ()			
Address	Address City, Zip Code				
18 years of age or older? Y N If NO, what is current age?					
Ministry Information					
What are you passionate abo	out or what excites you about youth	ministry at <i>The Spring</i> ?			
Please list other ministry experience you have.					
Organization	Program	Dates and Contact Information			
	Church Information				
Have you been a member or	closely associated and active at CCF	for at least six months?			
Y N	s you have attended in the last five y				
Church Name	Pastor Name	Years Attended			

	Legal Information			
Have you ever at any time incurred the	e following:			
Been Arrested? Y N If YES, ple	ease explain			
Had a moving violation in the last two	years? Y N If YES, pleas	se explain		
Engaged in any legal matter that may need to be discussed prior to involvement with <i>The Spring</i> or come up on a background check? Y N If YES, please explain				
Are you aware of any of the following Have traits or tendencies that could poor any reason why you should not work to	ose any threat to children, youth,	or others? Y N		
Explanations				
	References			
Please provide at least two references				
Name/Relationship	Address	Area Code + Phone Number		

Children's/Youth Work Verification and Release

I recognize that Christ Community Fellowship and The Spring are relying on the accuracy of
the information I have provided on this Youth Ministry Application. Accordingly, I attest and
affirm the information I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed on the Youth Ministry Application, and I further authorize any such person or entity to provide the organization with the information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed on the Youth Ministry Application from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background check and child abuse check if such a check is deemed necessary.

I have carefully read the policy and procedures and Volunteer Handbook of the organization, and I agree to abide by them and protect the health and safety of the children or youth assigned to my care or supervision at all times.

Print Name		
Signature	Date	
(Please read this document carefully before you sign.)		