



VOLUNTEER APPLICATION
Spiritual Formation and Care Department

***This is a confidential application for the Spiritual Formation/Care department at Colorado Community Church. This information is important to us so that we can make a wise decision regarding your desire to serve the Lord. The information you provide to us is voluntary on your part and will not be shared with anyone other than those responsible for your pastoring and leadership. Please be advised that completion of this form does not imply any commitment on your behalf or on behalf of Colorado Community Church. ***

PERSONAL INFORMATION

Legal Name _____
Last First Middle Today's Date

Any previous names used (including Maiden name)

Preferred Name (as you would like it to appear on your nametag)

Address _____
Number Street Unit # City State Zip

Home Phone _____ Work _____ Cell _____

E-Mail _____

Best way to contact you: text email cell phone home phone other (please describe) _____

Best time to contact: _____

Gender: Male Female Marital Status: Single Engaged Married Divorced Widowed

If married, how does your spouse feel about your involvement? _____

The majority of our communication is done via email.

Do you have internet access? Yes No

Are you willing to check your email on a regular basis? Yes No

CHURCH INFORMATION

Do you attend COLORADO COMMUNITY CHURCH? Yes No If no, where do you attend?

Are you a member of COLORADO COMMUNITY? Yes No

How long have you been attending? _____

As a volunteer, would you be willing to submit to the authority and leadership of COLORADO COMMUNITY? Yes No

What is your previous /current involvement in church ministries and activities?

Have you read our Statement of Faith (see coloradocommunity.org to read in detail)? Yes No

Please list and explain any concerns or disagreements you have with our doctrine

CHRISTIAN EXPERIENCE

Give a brief statement of how you came to know Christ and how He is presently influencing your life.

List any gifts, calling, training, education, or other factors that would help you in ministry:

Are you currently living in a manner that is outside the will of God as revealed in the Bible? (i.e. a sexual relationship with someone who is not your spouse, alcohol abuse, dishonesty in your business) Yes No (if yes, please explain)

Do you have you any physical or mental conditions that could impact your ministry?

Yes No (if yes, please explain)

Have you ever been arrested or convicted of something more serious than a traffic violation?

Yes No (if yes, please explain)

REFERENCES

Please list three people (other than family) for references. References could include pastors, church leaders, business associates or friends. If possible, please list a COLORADO COMMUNITY CHURCH staff member or regular attendee and note with a *. Please inform your references we may be contacting them.

Name	Relationship to applicant	Phone
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The information contained in this application is correct to the best of my knowledge. Colorado Community Church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a member of the COLORADO COMMUNITY CHURCH Care Team.

Note: As a volunteer, going into people's homes or various hospitals you will need to provide us with your social security number and date of birth so we are able to process a criminal background check. We plan to regularly update this criminal background check as long as you continue serving in this capacity at COLORADO COMMUNITY CHURCH.

Are you willing to submit to a background check? Yes No

Social Security Number _____ Birthdate: ____/____/____

Signature

Date