



## ADULT VOLUNTEER WELCOME PACKET

Dear Friend:

Thank you for your interest in serving with *Unlimited* at Fellowship Community Church. Your sensitivity to the Holy Spirit's leading is deeply appreciated.

Unlimited began over twelve years ago as God began to bring families with special needs into FCC, then placed the need for the ministry in the hearts of the FCC staff. God moved within the church as Pastor Ken led in a series called "In His Image" in September of 2005.

During these years, God has equipped us to serve families who are affected by special needs by serving the individual, the family and caregivers. The ministry launched a new name and logo in 2016 and we are blessed with a volunteer base that allows us to continually serve more families.

It is our goal to provide training for our volunteers throughout the year. Recognize however, that no orientation or training will be able to provide you with all of the information you need as the world of special needs is vast and each child and adult is unique. Additional, more specific information on each individual with whom you will be working and his/her specific needs will be provided prior to you actually beginning to work with that person. You will not be in a vacuum; experienced people will be nearby when you need them.

In your volunteer packet you will find several forms to complete and return to us. The Volunteer Application will provide us with valuable information from you in order to best serve with *Unlimited*. Please fill this form out completely. The information on the Background Screening form is needed to run the required background check for serving with children here at FCC. If you have already been cleared through this background check process through another FCC ministry, please provide that information.

If you have other questions, please feel free to contact the Unlimited office @ 387-3200 or [unlimited@fclife.org](mailto:unlimited@fclife.org). We will make every effort to provide you with the information and answers you need.

Once again, thank you for being part of this exciting opportunity to share the love of Jesus with individuals with special needs and their families.

In Christ,

The Unlimited Ministry Team

Rev. 12-2017





## Our Purpose

**Unlimited's mission is to provide opportunities for individuals with special needs to hear the gospel, worship, serve and enjoy community in the local church.**

## Our Core Values

- All people, regardless of physical, cognitive, or psychological abilities, have value because they are created in God's image.
- When a child is dedicated the FCC congregation agrees to encourage and support that family as the child is raised; the same principle should be applied when a family has a member with "special needs."
- People with special needs need opportunities to develop and use their spiritual gifts for ministry.
- People with special needs should be included in all aspects of FCC ministry.
- Whenever possible, an inclusion model should be used at FCC.

## Our Goals

- Educate the FCC congregation regarding the needs and abilities of people with disabilities and their caregivers.
- Train FCC ministry workers on how to effectively assist people with different types of special needs.
- Incorporate opportunities for people with disabilities to serve in God's ministries.
- Provide respite for caregivers of people with disabilities.
- Assist in the identification and access of resources for people with special needs and their caregivers.



## ADULT VOLUNTEER APPLICATION

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This application will be asking some very personal and private questions. It is our intention to find out more about the people we are entrusting with minors. The information contained in this application will be treated with the utmost of confidentiality and respect. At all times, this application along with results obtained through the application, will be stored in a locked file cabinet, within a locked office. No one will have access without proper authorization.

The questions contained are not designed to offend or to pass judgment, but rather create an environment where a person's past will not hinder the ministry in carrying out their mission in a safe, fun and productive way. If you are a person who must answer affirmatively to any of the questions on the following page, please be assured that this does not necessarily preclude you from ever serving with children.

This application is to be completed by all applicants having direct contact with children or individuals with special needs (volunteer or compensated.) This is **not** an employment application.

### General Information

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact #'s:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouses Name \_\_\_\_\_ Do you have children? Yes \_\_\_ No \_\_\_

If so, what are their names/ages? \_\_\_\_\_

Previous address (if you have lived at your current address less than 5 yrs) \_\_\_\_\_

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## Employment History

(We will not contact your employer unless they are listed as a reference)

Present Employer & Address \_\_\_\_\_

Position \_\_\_\_\_ How long have you been employed there? \_\_\_\_\_

Previous Employer (if at present employer less than 2 years) \_\_\_\_\_

Position held \_\_\_\_\_ How long were you there? \_\_\_\_\_

## Background Information

Do you regularly attend weekend services? Yes  Since \_\_\_\_\_ Where \_\_\_\_\_ No

Have you accepted Jesus Christ as your Lord and Savior? Yes  No

Are you committed to having the character of Jesus live through you? Yes  No

Have you been baptized as a teen or adult? Yes  No  Soon

Are you a participating member of FCC or another church? Yes  No

Where \_\_\_\_\_

I have chosen to work in children's ministry and/or Unlimited because:

\_\_\_\_\_  
\_\_\_\_\_

I am involved with the following ministries at FCC or at \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I am involved with the following small group/Bible study: \_\_\_\_\_

Please list previous church work involving children or individuals with special needs during the past 10 years. Include dates of work, church name location, and work performed:

\_\_\_\_\_  
\_\_\_\_\_

Please list previous non-church work involving children during the past 10 years. Include dates of work, organization's name and location, and work performed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have experience working with individuals with special needs? Yes  No  If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**References:** List three people you know, who meet the following criteria: (1) Are over 18 years old (2) Are not related to you (3) have seen you around minors or individuals with special needs (4) have known you more than one year (5) have a definite knowledge of your character

**ONE**

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Length of time known \_\_\_\_\_ City/State of residence \_\_\_\_\_

Contact E-Mail Address (if available – this is preferred for our office) \_\_\_\_\_  
Contact Phone No. \_\_\_\_\_

Nature of association \_\_\_\_\_

**TWO**

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Length of time known \_\_\_\_\_ City/State of residence \_\_\_\_\_

Contact E-Mail Address (if available – this is preferred for our office) \_\_\_\_\_  
Contact Phone No. \_\_\_\_\_

Nature of association \_\_\_\_\_

**THREE**

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Length of time known \_\_\_\_\_ City/State of residence \_\_\_\_\_

Contact E-Mail Address (if available – this is preferred for our office) \_\_\_\_\_  
Contact Phone No. \_\_\_\_\_

Nature of association \_\_\_\_\_

**Spiritual Journey**

Briefly share with us how and when you decided to trust Jesus as your personal Lord and Savior, and how He has changed your life. What is the most recent lesson you have learned as you are walking daily with Him?

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**Personal Situations**

1. Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addictions: or has anyone ever suggested that you may have problems with any of the above?  No  Yes  
If yes, explain: \_\_\_\_\_

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2. Have you ever been arrested, convicted or pleaded guilty to a crime?  No  Yes  
If yes, explain: \_\_\_\_\_

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3. Have you ever been accused, charged, alleged to have or have you ever committed any act of neglecting, abusing, molesting or battering any child or adult?  No  Yes If yes, explain: \_\_\_\_\_

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4. Have you ever been treated for a psychiatric disorder?  No  Yes If yes, please explain: \_\_\_\_\_

5. Has there been any abuse in your family background with drugs or alcohol or that was emotional, physical, or sexual in nature?  No  Yes If yes, explain: \_\_\_\_\_

6. Is there any circumstance or pattern in your life, which would make it inappropriate for you to serve with minors or would compromise the integrity of Fellowship Community Church?  No  Yes If yes explain: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I authorize all references listed in the application to give you any information (including opinions) that they have regarding my character and fitness for child, youth work or special needs ministry. I authorize the release of the information contained in this application, on a confidential, need to know basis, to any ministry at Fellowship Community Church in which I seek a position (volunteer or compensated.) In consideration of the receipt and evaluation of this application by Fellowship Community Church, I hereby release any individual, church, youth organization, charity, 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 at any time result to me, my heirs or family, on account of compliance or any attempts to comply, with this authorization. To uphold the confidentiality of the reference, I waive any right that I may have to inspect any information provided about me by any person or organization, but I may contact Fellowship Community Church inquire about information provided about me.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the Church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I read and understand.

Print Applicants Full Legal Name \_\_\_\_\_

Print Maiden Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

Applicants Gender \_\_\_\_\_ Male \_\_\_\_\_ Female Ethnic Background \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if applicant is under 18 years old)



# fellowship community church

## Unlimited Ministry

### Authorization to Reproduce Physical Likeness



I grant Fellowship Community Church the right to photograph me, \_\_\_\_\_, and use my picture, silhouette, or other reproductions of my physical likeness in connection with advertisements, publications, and/or videos of Fellowship Community Church. These reproductions may include an exhibition, internet webpage, incorporation into a publication, church advertisement or promotion, or any other use of videos.

My signature below indicates that I have read and understand the meaning and effect of this release form.

Agreed and Accepted: (See below if you do not agree)

\_\_\_\_\_  
Signature of Participant or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant or Legal Guardian if under 18 (please print)



**I DO NOT WISH** for Fellowship Community Church to use my picture, silhouette, or other reproductions of my physical likeness in connection with advertisements, publications, and/or videos of Fellowship Community Church. These reproductions may include an exhibition, internet webpage, incorporation into a publication, church advertisement or promotion, or any other use of videos.

\_\_\_\_\_  
Signature of Participant or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant or Legal Guardian (please print)

**\*\*Note:** This information will be in force until such time as the parent notifies the church in writing that they want the information to be changed.



Requesting Ministry

Date Requested:

### Background Screening Consent

Applicant should complete all relevant information and sign and date the form.

I, \_\_\_\_\_, hereby authorize **Fellowship Community Church, Inc.** and/or its agents to make an independent investigation of my background that may include: references, character, past employment, education, credit history (if applicable for position), adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with **Fellowship Community Church, Inc.**

I release **Fellowship Community Church, Inc.** and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) \_\_\_\_\_

Maiden Name or Other Names Used \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long at Present Address? \_\_\_\_\_

Former Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long at Former Address? \_\_\_\_\_

Please list all states and counties of residence since turning age 18: \_\_\_\_\_

(Please circle any of the following states in which you have lived: CA, CO, DE, LA, MA, SD, VT, WV, WY)

 **Driver's License Number:** \_\_\_\_\_ **State of License:** \_\_\_\_\_

 **Signature of Applicant / Date** (This CANNOT be an electronic signature. Requires your actual signature)

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Fellowship Community Church abides by all applicable state and federal employment laws.