

step three

Step three? This is a question we get a lot when people receive this application because typically the application is step one in the volunteering process. That is not the case here at Great Hills. We have this step placed third for a reason and it is based on what our church is all about, connecting to God, to people, and to service.

Volunteering is the third part of the vision for Great Hills. The bottom line is this, our volunteers must first have connected to God through a personal relationship with Jesus Christ and by actively participating in one of our weekly worship gatherings. Second, they grow in their relationship with God and build community with other Christ followers when they connect to people in one of our Bible Life Groups. The person is then at a point where he or she can receive this application, thus beginning the third step of connection to service. We urge you, if you have not done so already, to participate in both of these steps here at Great Hills.

Now, for the person who has been active in the previously mentioned steps, we are excited about partnering with you in ministry. Please take your time to pray through this volunteer application and ask God where He wants you to serve in His body here at Great Hills. We look forward to what God has in store for you and His ministry here at Great Hills. Thanks for taking step three!

The Great Hills Ministry Team

We believe that leaders in the church should be held to the highest standard in their faith, behavior and personal life. We base these expectations on Titus 1. Please make sure that you fit the following requirements before you continue the application process.

Requirements

Must complete a volunteer application and background check

Must be a member of Great Hills Baptist Church

Must be in agreement with the Great Hills Statement of Faith

Must be a born-again follower of Jesus Christ

Must faithfully attend regular church worship gatherings

Must be loyal to the Pastor and all church staff

Must attend all workers' meetings and fulfill all duties required of your assigned position

Must complete any training that is required of your position

Must be in your ministry area thirty minutes prior to the starting time

Must give at least three days notice if you will be absent

Must give thirty days notice when you resign your position

Must be neat in your appearance

Must have your home life in order

I have read and agree with the requirements listed above in their entirety. I covenant to keep them to the best of my ability. I understand that failure to comply with these requirements results in my resignation or immediate dismissal from my volunteer position.

Signature

Date

Personal Information

First Name		Last Name	
Address			
City		State	Zip Code
Email		Home Phone	
Cell Phone		Work Phone	
Date of Birth		Date of Anniversary	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Married <input type="checkbox"/>	Single <input type="checkbox"/>
		Spouse's Name	
Number of Children		Maiden Name	
Current Employer		Occupation	
May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Ministry Experience

Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever accepted Jesus Christ as your personal Lord and Savior?
If yes, please describe:	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you been Biblically baptized after salvation by full immersion?
If yes, when and where?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever led anyone to faith in Christ?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been in volunteer service at Great Hills or any other churches?
If yes, which ministry and where?	
List any gifts, training, education, etc. which have prepared you for Christian service.	

Church Background

Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a member of Great Hills?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you regularly attend a weekly worship gathering at Great Hills?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you regularly attend a Bible Life Group at Great Hills? Which one?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you tithe on a regular basis?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your spouse aware with your desire to volunteer?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your spouse agree with your desire to volunteer?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you attended any other churches in the last five years?

If so, please list the following information

Church Name		Pastor
City	State	Dates Attended

Reason for Leaving

Church Name		Pastor
City	State	Dates Attended

Reason for Leaving

Beliefs

Yes <input type="checkbox"/> No <input type="checkbox"/>	Jesus was born from a virgin and is fully God and fully man.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Jesus is God's Son and was crucified as the sacrifice for our sin.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Jesus arose from the dead and is alive in heaven interceding on our behalf.
Yes <input type="checkbox"/> No <input type="checkbox"/>	All Scripture is God-breathed and infallible.
Yes <input type="checkbox"/> No <input type="checkbox"/>	There is eternal reward for followers of Christ. (Heaven)
Yes <input type="checkbox"/> No <input type="checkbox"/>	There is eternal damnation for the lost. (Hell)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Man must accept God's free gift of forgiveness and be born again to receive eternal life.

Lifestyle

Yes No

Have you been accused of and/or convicted of any crime involving a minor including, but not limited to, child abuse or sexual molestation?

If yes, please explain:

Yes No

Have you been accused and/or convicted of spousal abuse in any form?

If yes, please explain:

Yes No

Have you been involved in homosexual activity within the last five years?

Yes No

Do you currently use tobacco?

If yes, please explain:

Yes No

Do you currently drink alcohol?

If yes, please explain:

Yes No

Do you currently use illegal drugs or any prescription medicine that you do not personally hold a prescription for?

Yes No

Do you currently view pornography?

Yes No

Do you have any limitations or conditions preventing you from performing certain types of activities relating to the position for which you are volunteering?

If yes, please explain:

References

(No relatives or employees. Please include at least one pastor or ministerial staff person)

(1) Pastor/Minister	Church Name
Phone Number or Email	City/State
How does this minister know you?	
(2) Name	Relation
Phone Number or Email	City/State
(3) Name	Relation
Phone Number or Email	City/State

Criminal Records Check Authorization

I hereby give my permission for the Great Hills Baptist Church to obtain information relating to my criminal history record through the National Criminal Records Check Company with whom Great Hills Baptist Church has a contract. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the National Criminal Records Check Company with whom Great Hills Baptist Church has a contract, the Great Hills Baptist Church, and each of their officers, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

Applicant's Signature	Date
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Please Print Name

Please Print Maiden Name if Applicable

Please print all other names by which you have been known

Address

City	Zip
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Phone	Date of Birth
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Social Security Number
