



## LCCC Volunteer Application

Date \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_  
First Last

Email \_\_\_\_\_

Present address \_\_\_\_\_  
Street City State Zip

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of birth \_\_\_\_\_

### CHURCH ACTIVITY

Do you attend LCCC? \_\_\_\_\_, if so, how long have you attended? \_\_\_\_\_

If you do not attend LCCC, what church do you attend? \_\_\_\_\_

How often do you attend per month, on average?      1       2       3       4

List names, addresses and phone numbers of other churches you have regularly attended during the past five years:

Church Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Church Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Give a brief personal testimony about when and how you became a Christ follower:

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Please briefly explain why you are interested in serving in this ministry department:

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**PERSONAL INFORMATION (Applicants age 18 and over)**

Do you have any life controlling habits, addictions or compulsions? Yes  No   
If yes, please explain:

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Have you been convicted of a crime other than minor traffic violations? Yes  No   
If yes, please explain:

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Do you take any medications that we should be aware of? Yes  No   
If yes, please explain:

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**PERSONAL REFERENCES  
(Please, no relatives)**

**PLEASE fill out full addresses and phone numbers**

Name: _____	Name: _____
Street: _____	Street: _____
City: _____ State__ Zip_____	City: _____ State__ Zip_____
Telephone: _____	Telephone: _____

**APPLICANT'S STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in the application to give you any information they may have regarding my character and fitness for volunteer work, and I release all such references from liability for any damage that may result from furnishing such evaluations to you. In addition to references supplied, I understand that a criminal records background check may be required and paid for by LCCC as a condition of my involvement in this ministry area.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL CONSENT FORM (Applicants under age 18)**

I understand the requirements and responsibilities for my child to be involved in ministry at LCCC and hereby vouch for my child's spiritual, emotional, mental, and social ability to volunteer as assigned. I hereby give my support and consent for my child to be involved in the ministry of LCCC and do confirm that all information provided in their application is accurate and true.

Minor Applicant's Name \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_