



# Volunteer Application

## Confidential

...Serve the Lord your God  
with all your heart  
and with all your soul.  
- Deut. 10:12

Santa Cruz Bible Church  
440 Frederick Street  
Santa Cruz, CA 95062 831-429-1162 x 259  
awhite@santacruzible.org

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Are you known by another name? \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: Single Married Widowed Divorced Separated

Spouse's Name: \_\_\_\_\_

Children's Names & Ages \_\_\_\_\_

\_\_\_\_\_

When did you start attending SCBC? \_\_\_\_\_

Are you a member? Y N Date Joined: \_\_\_\_\_

Previous Church, if any, if at SCBC less than one year.

\_\_\_\_\_

Dates Attended \_\_\_\_\_

I am interested in serving: (check all that apply)

- Lifeguards Leader, Girls
- Lifeguards Leader, Boys
- Lifeguard s Administrator
- Lifeguards Director
- Lifeguards Assistant Director
- Other \_\_\_\_\_

In which ministries have you previously served? \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested for or convicted of any of the following criminal offenses? (circle any that apply)  No  Yes

Child Abuse      Child Molestation/Rape  
Assault/Battery      Harassment

Any other sex-related crimes \_\_\_\_\_

If you circled any of the above offenses, please give the date, place, nature and current status of the offense.

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

- I would like to speak with a Pastor concerning these questions.
- I would like notification of the result of the Megan's Law Check.

### Authorization

I am giving my authorization to Santa Cruz Bible Church and their appointed to verify the information on this form. The church may contact my references and appropriate government agencies, including permission to obtain a criminal check.

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



# References

Date Received: \_\_\_\_\_

Please list 4 references who are not related to you who have a definite knowledge of your character (*preferably a friend, employer, SCBC staff or member*). Please give a full name, phone number, address (including ZIP) and email.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Relationship to you \_\_\_\_\_

2. . Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Relationship to you \_\_\_\_\_

3. . Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Relationship to you \_\_\_\_\_

4. . Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Relationship to you \_\_\_\_\_

## For Office Use Only

Staff: check off, date, and initial each step completed

- Pastoral / Staff Checks Emailed: \_\_\_\_\_
- Pastoral/ Staff Checks Complete: \_\_\_\_\_
- 2 Reference Checks Approved: \_\_\_\_\_  
(note comments next to reference name)
- Name sent for Megan's Law Check: \_\_\_\_\_
- Megan's Law Check Complete: \_\_\_\_\_
- Recorded in Outlook (after assignment): \_\_\_\_\_

- Initial Interview  
\_\_\_\_\_
- Approved to serve
- Training (Vision, Safety, Procedures) \_\_\_\_\_
- Hour Serving: \_\_\_\_\_
- Age/Grade Serving : \_\_\_\_\_