

Serve App

PERSONAL INFORMATION	Date	
First Name	Middle Name	
Last Name		
Daytime Phone	Cell Phone	_
Email Address		
Street Address		
Street Address 2		
City Stat	te Zip	
EXPERIENCE (Please list a be helpful)	any special experience or training you have t	<u>hat may</u>

REFERENCES (Personal and/or Church)

PERSONAL TESTIMONY				

VOLUNTARY DISCLOSURE

NorthStar Church performs Criminal Records Checks for all of its Serve Leaders. All information received will be held strictly confidential and will not necessarily prevent volunteer opportunities.

ACKNOWLEDGEMENT

By my signature below, I certify and agree as follows:

If NorthStar Church approves my application to serve as a volunteer at NorthStar or one of the affiliated ministries served by NorthStar, I will comply with all rules and requirements for volunteers as set forth by NorthStar within policy manuals and official communications. NorthStar may change any such rules and requirements at any time and for any reason, without prior notice.

I agree with NorthStar's statement of beliefs as set forth at its website at <u>www.NorthStarok.church</u> and NorthStar's religious teachings as set forth by its Pastors. I will conduct my life in a manner which is consistent with these teachings and beliefs as long as I remain a volunteer at NorthStar Church.

I have answered all of the questions contained in this application to the best of my knowledge. All statements made by me on this application are true and complete to the best of my knowledge. I have withheld nothing that would, if disclosed, effect the review of this application in an unfavorable way. Any material omission or misrepresentation of any facts on this application is cause for immediate dismissal from my volunteer position.

I authorize NorthStar to contact my references to secure the information deemed necessary by NorthStar to evaluate my potential as a volunteer. I waive any rights I might have to see the comments of my references. I release all references, agencies, NorthStar, and any associated organizations, employers, and agents, from any and all liability for damages me or my family as a result of their providing information requested by NorthStar.

As a NorthStar volunteer, I will not be entitled to any compensation, workers compensation insurance coverage, or any other protections afforded to employees of NorthStar under the law. My volunteer services to NorthStar Church do not create an employment relationship or contract with NorthStar. I may discontinue providing volunteer services to NorthStar, and NorthStar may discontinue my volunteer services, at any time for any reason.

Printed Name		
Signature	 _ Date	

(Please complete the section below if the volunteer Applicant is under the age of 18)

Parent/Guardian Name	Relationship
Signature Parent/Guardian Name	Date

Authorization for Release of Background Information

In connection with my application with NorthStar Church, I authorize NorthStar to solicit background information I understand that NorthStar Church may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

I authorize without reservation, any person, agency, or other entity contacted by NorthStar Church, or their agents and assigns for purposes of obtaining background report information, to furnish the above mentioned information.

I agree to release and **Hold Harmless** NorthStar Church, employees and all persons, agencies, and entities providing information of reports about me from any and all liability arising out of furnishing any such information or reports.

	Fir		Middle	Last
OTHER NAME	S USED			
DOB	SS#		MALE	FEMALE
(If your address is	a rural route, or p	oost office box, w	e must have City and County whe	ere mail was delivered
Current Address			City	
County Years)	State	Zip	How long at this add	dress? (Months/
Previous Addre City	SS			
County Years)	State	Zip	How long at this add	ress? (Months/
Previous Address			City	
County Years)	State	Zip	How long at this add	ress? (Months/
LIST ALL CITY	/STATES RES	IDED AT SIN	CE AGE18:	
Have you ever h	een convicted	of a criminal	offense?Yes	No
(If ves evolain t	he type of crim	e. date of conv	iction and the city and state	where the offense

Signature	Date
-----------	------