



# Impact Volunteer Application

## High School & Middle School

Thank you for your interest in joining the Impact team. Please complete the following information so we can get to know you better. The information you share will be confidential and only given to appropriate pastoral staff. Once you have completed the application, return it to the office; we will call to schedule an interview. We look forward to speaking with you.

Please check the boxes below to let us know in which age group you prefer to volunteer.

High School (9-12)

Middle School (6-8)

Both

### General Information

last name: \_\_\_\_\_ first name: \_\_\_\_\_ date: \_\_\_\_\_

email address (Please notify Staff if you don't have an E-Mail address): \_\_\_\_\_

address: \_\_\_\_\_

date and city of birth: \_\_\_\_\_ - \_\_\_\_\_

aka or maiden name: \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_

social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ phone (home): \_\_\_\_\_

occupation: \_\_\_\_\_ (cell): \_\_\_\_\_

employer: \_\_\_\_\_ (day): \_\_\_\_\_

work status:  part time  full time  student

marital status:  single  married  divorced

spouse's name: \_\_\_\_\_ are they involved in an GCC ministry: \_\_\_\_\_

# of children: \_\_\_\_\_ do they attend Impact: \_\_\_\_\_

## Education

high school: \_\_\_\_\_

year graduated: \_\_\_\_\_

college / trade school: \_\_\_\_\_

year graduated: \_\_\_\_\_

degree: \_\_\_\_\_

minor: \_\_\_\_\_

other education: \_\_\_\_\_

year of completion: \_\_\_\_\_

## Lifestyle and Important Legal Concerns

are you a member of GCC: \_\_\_\_\_

if yes, for how long: \_\_\_\_\_

how long have you attended GCC: \_\_\_\_\_

do you tithe on a regular basis to GCC: \_\_\_\_\_

have you ever been involved in another GCC ministry: \_\_\_\_\_

if yes, what ministry: \_\_\_\_\_

have you ever worked with youth before: \_\_\_\_\_

if yes, where at: \_\_\_\_\_

is your lifestyle a model of consistent Christian life: \_\_\_\_\_

Are there any special issues or concerns in your life presently that could have an impact in your commitment and involvement with Impact? (e.g. relationships, other commitments, etc.)  yes  no

if yes, please explain:

In caring for the students of Impact, we feel it is our responsibility to seek adult staff members who will provide healthy, safe, and nurturing relationships. Please answer the following questions honestly. Any specific concerns can be discussed individually with the pastoral staff.

are you using illegal drugs?  yes  no

have you ever been treated for alcohol or drug abuse?  yes  no

if yes, please describe:

what is your view on drinking alcohol?

have you ever been arrested and / or convicted of a crime?  yes  no

if yes, please describe:

Have you ever been accused of and / or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?  yes  no

If yes, please describe:

have you been involved in homosexual activity within the last 5 years?  yes  no

have you been involved in any sexual activity, outside of marriage, within the last 5 years?  yes  no

are you willing to fill out the form for State/Federal Criminal Conviction Clearing  yes  no

Please note that if you do not allow a background check, you will not be able to be considered to work with our youth. **No exceptions.**

## Spiritual History

have you received Jesus Christ into your heart: \_\_\_\_\_ when: \_\_\_\_\_

have you been filled with the Holy Spirit: \_\_\_\_\_ where: \_\_\_\_\_

have you been baptized in water: \_\_\_\_\_ where: \_\_\_\_\_

can you lead someone to Christ: \_\_\_\_\_ are you comfortable in doing so: \_\_\_\_\_

which spiritual gifts do you feel most comfortable using: \_\_\_\_\_

why do you have an interest in youth ministry: \_\_\_\_\_

what expectations do you have for the Impact ministry staff: \_\_\_\_\_

please briefly describe your relationship with Christ:

The information contained in this application is correct to the best of my knowledge. I, undersigned, give my authorization to Grace Capital Church (GCC) or its representatives to release any and all records or information relating to working with minors. Grace Capital Church (GCC) may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a youth worker. I understand that the personal information in this application will be held confidential by the professional Church staff.

signature: \_\_\_\_\_ today's date: \_\_\_\_\_

Where would you prefer to serve? Select from the list below.

- Arcade
- B-Ball
- Cafe Team
- Greeter/Prayer Team
- Café Team Leader
- Security/Usher Team
- Info Table/Welcome Team
- Cell Leader
- Information Table Leader
- Security/Usher Leader
- Greeter/Prayer Time Leader



## Impact Discipline Policy

I, \_\_\_\_\_, acknowledge that I have read and understand the rules of this ministry. Also I am aware that I am responsible for enforcing them. I acknowledge that I will always use the following guidelines of rule enforcement:

- I will never deal with a student alone. Also, if I am correcting a student of the opposite gender, I will bring a leader of the opposite gender with me.
- Never use insults or curse words when correcting a youth.
- Always begin and end any correction with prayer.
- Always fill out an Incident Report immediately after any formal correction.

If for any reason, I violate these guidelines, I will immediately inform Pastor Kevin or the Grace Capital Church staff member who is responsible for Impact in his absence.

Signature / Date: \_\_\_\_\_

## Acknowledgment of Impact Reporting Policy

I, \_\_\_\_\_, acknowledge that I have been advised that it is the policy of the Impact ministry of Grace Capital Church that all Impact workers must immediately report to Kevin Twombly any information concerning actual or suspected child abuse or neglect which is obtained in the course of volunteering as a Impact worker. If Kevin Twombly is not present or available, then such information must be immediately reported to the Grace Capital Church pastor or staff member responsible for the oversight of the Impact ministry in his absence. If I am uncertain as to whether information I obtain discloses actual child abuse or neglect or would lead to a reasonable suspicion of child abuse or neglect, I will report such information. I am also aware that under the State of New Hampshire Child Protection Act I am required to report any information of abuse and neglect of a child.

I am aware that the State of New Hampshire defines “neglect” as:

- (a) Who has been abandoned by his parents, guardian, or custodian; or
- (b) Who is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his physical, mental, or emotional health, when it is established that his health has suffered or is very likely to suffer serious impairment; and the deprivation is not due primarily to the lack of financial means of the parents, guardian or custodian; or
- (c) Whose parents, guardian or custodian are unable to discharge their responsibilities to and for the child because of incarceration, hospitalization or other physical or mental incapacity

I am aware that the State of New Hampshire defines “child abuse” as:

- (a) Sexually abused; or
- (b) Intentionally physically injured; or
- (c) Psychologically injured so that said child exhibits symptoms of emotional problems generally recognized to result from consistent mistreatment or neglect; or
- (d) Physically injured by other than accidental means.

I understand that a “child” is any person under the age of 18 years.

I have read and understand this Impact Reporting Policy and agree to comply with all the terms and conditions of becoming a youth worker.

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

# Grace Capital Church

## Volunteer Authorization For Release of Background Information

In connection with my application for volunteer service with Grace Capital Church, I authorize Grace Capital Church and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that Grace Capital 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 any reservation, any person, agency, or other entity contacted by Grace Capital Church or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above mentioned information.**

I release Grace Capital Church, their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

**Requested by: Grace Capital Church** **PLEASE PRINT**

FULL LEGAL NAME \_\_\_\_\_ DOB \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_ SS \_\_\_\_\_

DRIVERS LIC # \_\_\_\_\_ STATE \_\_\_\_\_ REQUESTED  YES  NO

**Please note: if your address is a rural route, or post office box, we must have City & County mail was delivered**

Current Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_  
Zip \_\_\_\_\_ How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_  
Zip \_\_\_\_\_ How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_  
Zip \_\_\_\_\_ How long at this address? (Months/Years) \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

LIST ALL CITY/STATES RESIDED AT SINCE AGE 18: \_\_\_\_\_

### CHURCH USE ONLY

RETURN TO: E-MAIL \_\_\_\_\_ OR FAX# ( ) \_\_\_\_\_



## Impact Ministry Reference

\_\_\_\_\_ is applying to become a volunteer youth worker within the Impact ministry at Grace Capital Church and has given your name as a personal reference.

The position for which they are applying is one in which volunteers are in close contact with students. It is vital that we ensure that the relationships between our leaders and students are healthy. Please complete the form below and send us your evaluation of this person's character and integrity. Your response will remain confidential.

1. Please describe your relationship with this person:
  
2. How long have you known this person:

Please use this scale to respond to the following questions.

1 – low    2 – below average    3 – average    4 – very good    5 – excellent

3. Involvement in peer relationships? \_\_\_\_\_
5. Emotional maturity? \_\_\_\_\_
6. Resolving conflict? \_\_\_\_\_
7. Following through on commitments? \_\_\_\_\_
8. Ability to relate to students? \_\_\_\_\_
9. Spiritual maturity? \_\_\_\_\_
10. Ability to be a team player? \_\_\_\_\_
12. Willing to learn new things? \_\_\_\_\_

What are this applicant's greatest strengths?

Do you have any concerns regarding this person working with students?

Thank you for taking the time to complete this form. If you have any questions regarding this reference, please call Pastor Kevin at 415-4000. You may return the completed form, to the Impact office or mail it to:

Grace Capital Church  
 Impact – c/o Pastor Kevin  
 542 Pembroke St.  
 Pembroke, NH 03275

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

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_



## Impact Ministry Reference

\_\_\_\_\_ is applying to become a volunteer youth worker within the Impact ministry at Grace Capital Church and has given your name as a personal reference.

The position for which they are applying is one in which volunteers are in close contact with students. It is vital that we ensure that the relationships between our leaders and students are healthy. Please complete the form below and send us your evaluation of this person's character and integrity. Your response will remain confidential.

1. Please describe your relationship with this person:
  
2. How long have you known this person:

Please use this scale to respond to the following questions.

1 – low    2 – below average    3 – average    4 – very good    5 – excellent

3. Involvement in peer relationships? \_\_\_\_\_
5. Emotional maturity? \_\_\_\_\_
6. Resolving conflict? \_\_\_\_\_
7. Following through on commitments? \_\_\_\_\_
8. Ability to relate to students? \_\_\_\_\_
9. Spiritual maturity? \_\_\_\_\_
10. Ability to be a team player? \_\_\_\_\_
12. Willing to learn new things? \_\_\_\_\_

What are this applicant's greatest strengths?

Do you have any concerns regarding this person working with students?

Thank you for taking the time to complete this form. If you have any questions regarding this reference, please call Pastor Kevin at 415-4000. You may return the completed form, to the Impact office or mail it to:

Grace Capital Church  
 Impact – c/o Pastor Kevin  
 542 Pembroke St.  
 Pembroke, NH 03275

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

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_