



PRE-REQUISITES FOR VOLUNTEER SERVICE (Please check which ministry area you are applying for)

ALL APPLICANTS MUST FILL OUT AND COMPLETE:

- Application, including Personal References & Background check authorization - LEVEL 1
- Interview process & CPR training (if applicable) - LEVEL 2
- Signed & notarized Affidavit of Good Moral Character - LEVEL 3
- Must pass interview with KOR or SHIFT Youth Director - LEVEL 4

CARE TEAMS - LEVEL 1-2 *In which areas would you like to serve? Please check below:*

ADMINISTRATION

- Building and Grounds
- Data Entry
- Receptionist Relief
- Special Events

CHILDREN'S MINISTRY

(Kidz on the Rock) LEVEL 1-4

- Registration Team
- Preschool (Nursery-5yr)
- Elementary (Kinder - 5th grade)
- Behind the Scenes

COMMUNICATIONS

- Camera Operator
- Switcher
- Pro Presenter Coordinator
- Lighting Tech
- Video Editors
- Photographers
- Videographers
- Graphics
- Writers
- Website

CREATIVE ARTS

- Adult Choir
- Bell's Instrumental Choir (KOR-Children and Shift-Students)
- Dance Ministry
- KOR Children's Choir
- Musicians
- Theater Drama

DISCIPLESHIP

- Discipleship Class Coordinator

FIRST IMPRESSION TEAM

- Behind the Scenes
- Café Team
- Greeters
- Media Center
- Parking Team
- Spanish Translation
- Ushers Team
- Welcome Center

HOSPITALITY

- Discipleship Classes
- Men's Bible Study
- Women's Bible Studies
- Special Events

MEN'S MINISTRY

- Bible Study Coordinator
- Communion Preparation
- Security Team
- Set Up/ Tear Down Team

MISSIONS

- Local
- Senior's Ministry
- National
- Global

PRAYER

- Altar
- E-Prayer

STUDENT MINISTRY

(SHIFT) LEVEL 1-4

- Group Leader (Ages 18+)
- Student Leader (Ages 12-17)
 - Audio/ Visual
 - Greeter/ Usher
 - Musicians
 - Singers
 - Welcome Desk

WOMEN'S MINISTRY

- Bible Study Coordinator
- Special Events

YOUNG ADULTS

- PlanningTeam Member

CARE TEAM APPLICATION



CARE TEAM APPLICATION

Today's Date: ____ / ____ / ____

Referred by: _____

This form is to be completed and signed by applicants for consideration in becoming a member of a Christ the Rock Community Church (CRCC) Care Team. This application is used to assist CRCC in providing a safe and secure environment for all who participate in CRCC's Care Teams or who otherwise use its facilities.

**THIS INFORMATION IS KEPT CONFIDENTIAL IN A LOCKED CABINET.
ONLY AUTHORIZED PERSONNEL HAVE ACCESS.**

Last Name First Name Full Middle Name Maiden Name (ladies)

Home Address, NO PO BOX'S PLEASE

City State Zip Code

(____) (____) Male Female
Cellphone Number Home Phone Number

Email address: _____ (Home / Work)

How long have you been attending CRCC? _____ (CRCC must be your home church in order to serve)

Marital Status: Single Married Divorced Widowed

Shirt Size: YOUTH ADULT _____
Size

Date of Birth Social Security Number (18 and older only)

Drivers License Number Expiration Date State of Issue

PLEASE LIST ALL THE ADDRESSES WHERE YOU HAVE LIVED AND/OR USED IN THE PAST 10 YEARS

Street Address City State Zip Dates lived

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PERSONAL REFERENCES: (Do NOT include employees, employers or relatives)

Last Name First Name (____)
Contact Number Years Known

Last Name First Name (____)
Contact Number Years Known

Last Name First Name (____)
Contact Number Years Known

One reference from CRCC

As a volunteer serving Christ the Rock Community Church and reaching out to those beyond the church, you agree to be “above reproach” so that the world will see, hear, and respond to the grace of Jesus Christ; and you agree to seek a careful, exemplary Christian lifestyle to encourage other believers and strengthen the church.

You desire and agree that the following statements describe your character as a Christian who desires to serve others:

1. I have made a commitment to Jesus Christ as my Lord.
2. I will serve in harmony with the policies and statement of faith of our church.
3. I support the church with my time, money, and loyalty, including participating in the ministries and worship services on a regular basis.

I have read the aforementioned qualifications and pledge to keep them to the very best of my ability. I clearly understand that failure to keep any of the above qualifications may preclude me from participation as a Care Team Member.

_____, hereby authorize CRCC to conduct a full background check including but not limited to: character references, criminal or police records, public records, etc. as stated below.

BACKGROUND RELEASE FORM DISCLOSURE AND CONSENT

In connection with my application for volunteer services with Christ the Rock Community Church, I understand that investigative inquiries may be obtained on me and that any such report will be used solely for volunteer-related purposes. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, general reputation, personal characteristics and mode of living. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, criminal, civil and other experiences.

CHRIST THE ROCK COMMUNITY CHURCH DOES NOT OBTAIN CONSUMER CREDIT REPORTS FOR ITS VOLUNTEERS.

I understand that if Christ the Rock Community Church accepts me for volunteer services; it may request an investigative report about me for volunteer-related purposes during the course of my volunteer service. The scope of this investigation will be the same as the scope of pre-volunteer services investigation, and that the nature of such an investigation will be my continuing suitability for volunteer services. I understand that my consent will apply throughout my volunteer services. This Disclosure and Consent form, in original, faxed, photocopied or electronic form will be valid for any reports that may be requested by Christ the Rock Community Church relating to volunteer services.

I authorize without reservation any party or agency contacted by Christ the Rock Community Church to furnish the above-mentioned information. I hereby consent to your obtaining the above information from any and all sources needed. I understand to aid in the proper identification of my file or records the following personal identifiers may be needed: Driver License Number, Social Security Number, Date of Birth, All Addresses previously used/lived, as well as other information, deemed necessary.

I hereby authorize, without reservation.

Have you ever been convicted of, plead guilty, or “no contest” to a crime that has or has not been expunged or removed from your record? Yes No If yes, please explain: (make sure to include the city/state/county and the year the crime occurred for each conviction.

(Christ The Rock Community Church will consider the nature of the offense, relation to the position for which you are applying, time since conviction, and all other relevant facts and circumstances in determining whether or not to disqualify you from consideration.)

Applicant's Signature (if under 18 years old,
parent's signature required)

Date

VOLUNTEER RELEASE & WAIVER OF LIABILITY

(Please read carefully)

I, _____, the volunteer, hereby freely and voluntarily, without duress, execute this Release under the following terms:

WAIVER AND RELEASE. I hereby release and forever discharge and hold harmless **CRCC** and its successors and assigns from any and all liability claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my participation in volunteering.

I understand and acknowledge that this Release discharges **CRCC** from any liability or claim that I may have against **CRCC** with respect to any bodily or other injury, illness, death or property damage that may result from my participation as a volunteer. I also understand that **CRCC** does not assume any responsibility or obligation to provide financial assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness death, or property damage.

INSURANCE. I understand that except as otherwise agreed in writing, **CRCC** does not carry or maintain health, medical, disability, damage, liability, or other insurance coverage for the benefit of any volunteer and expressly disclaims the responsibility or obligation to so. As a volunteer, I am expected and encouraged by **CRCC** to maintain medical, health, and all other applicable insurance coverage for my own benefit.

MEDICAL TREATMENT. I hereby release and forever discharge **CRCC** from any and all claims, demands and causes of action whatsoever that may arise or may hereafter arise on account of any first aid or other medical treatment rendered in connection with volunteer activities.

ASSUMPTION OF RISK. I understand that my participation with **CRCC** and/or any project, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with **CRCC** may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release **CRCC** from all liability for injury, illness, death and/or property damage that may result.

PHOTOGRAPHIC RELEASE. I do hereby grant and convey unto **CRCC** all rights, titles, and interest in and to any and all photographic images and video or audio recording made by or on behalf of [Organization] or made with its consent, during my participation with **CRCC** and/or any project, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with **CRCC**, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed and interpreted in accordance with the laws of the state of Florida.

By signing this document I acknowledge that I have read, understand and agree with the information contained in this document.

**PLEASE MAKE SURE THIS APPLICATION IS FILLED OUT CORRECTLY AND COMPLETELY.
IT CAN NOT BE PROCESSED IF IT IS INCOMPLETE!**

Applicant's Signature (if under 18 years old,
parent's signature required)

Date