NEW HOPE
COMMUNITY CHURCH

Volunteer Application

Name: _____

Email Address: _____

Phone: _____ Birthday:_____

Occupation: _____

How long have you attended New Hope? _____

Which services or ministries do you regularly attend or serve in? _____

_____

Position or area in which you would like to serve: _____

_____

_____

Do you have previous leadership or volunteer experience? _____

If yes, please describe:

_____

_____

_____

List any skills, gifts or training that would help you in this role:

_____

_____

_____

_____

_____

Please briefly share your faith story and why you desire to serve in leadership.

_____

_____

_____

_____

BACKGROUND CHECK AUTHORIZATION

New Hope Church may require background checks for volunteer leadership positions, especially those involving minors. Are you willing to complete a background check if required?

☐ Yes ☐ No

REFERENCES:

Please list two people (non-family members) who know you well:

Name: _____ **Name:** _____

Relationship: _____ **Relationship:** _____

Phone: _____ **Phone:** _____

Email: _____ **Email:** _____

Signature:_____

Date: _____