



APOSTOLIC ASSEMBLY OF THE FAITH IN CHRIST JESUS
Authorized Volunteer
Application and Disclosure Form

Name: Last **First** **Middle**

Address: Street **City/State** **Zip Code**

Phone **Email**

Pastor **Church**

I have been a member of this church since:

Current marital status:

Married **Single** **Divorced** **Widowed**

Have you been convicted or plead guilty or no contest to any crime involving a minor? (This includes any form of conviction in your past.)

Yes **No**

If yes, please explain. (Conviction Date, Degree, State)

Have you, at any point in time, left the Apostolic Assembly in the Faith of Christ Jesus organization?

Yes **No**

If yes, please explain.

Have you ever been placed on discipline by your church leadership at any level? If so, please explain.

Ministerial Reference: Please use your local church pastor as your reference.

Name

Address **City State** **Zip Code**

Telephone **Email**

The covenants between persons seeking authorized volunteer positions in the church require honesty, integrity, and truthfulness for the health of the church. To that end, I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, the position I am seeking to participate in.

I acknowledge that it is my duty in a timely fashion to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

Beginning such relationships with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between volunteers and the church they seek to serve.

To that end, I authorize the **Apostolic Assembly of the Faith in Christ Jesus** and/or its agents to make inquiries regarding my character and qualifications, including all statements I have set forth above. I also authorize all entities, persons, former employers, supervisors, courts, law enforcement, and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background, character, and qualifications. To encourage such persons and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments, and statements.

Volunteer Name	Volunteer Signature	Date
(Print Name & and Signature of Parent or Guardian for Applicants under 18)		Date

Pastor's Name	Pastor's Signature	Date
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Bishop's Name	Bishop's Signature	Date
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OFFICIAL USE ONLY
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved If not approved, explain: <hr/> <hr/> <hr/>