



VOLUNTEER APPLICATION

Ministry Applying For

Agape File #

*Attach
Photo Here*

Please print clearly.

**Must be 18 years or
older to apply.**

Name_____

Address_____

City_____ State_____ Zip_____

Home Phone_____ Work Phone_____

Mobile Phone_____ E-mail_____

Date of Birth_____ Sex: Male Female Marital Status_____

If married, how long?_____ Spouse's Name_____

When did you accept Jesus as your Lord and Savior?_____

Are you a faithful tither? Please Circle. Yes No

How long have you attended Agape Church on a regular basis?_____

Please list current volunteer or ministry experience at Agape Church._____

Please list volunteer or ministry experience at other churches or organizations._____

How long have you lived in the Columbia area?_____

Occupation_____ Employer_____

Which Sunday Service would you prefer to work? Please Circle.

1st Sunday 2nd Sunday 3rd Sunday 4th Sunday 5TH Sunday Any or All

Give one personal reference and/or nearest relative.

Name_____ Telephone_____ Relationship_____

Have you ever been convicted of any misdemeanor or felony? Yes No

If yes, please explain _____

If you have a prior copy of a SLED clearance, please attach a copy. However, if you do not, you may be required to obtain one.

**ALL VOLUNTEERS, PLEASE FILL OUT THIS PORTION
Criminal Record, Driving Record, and Volunteer Information Disclosure and
Consent**

By signing below, I authorize Agape Church to obtain information, written, oral or other, from any law enforcement agency, consumer reporting agency, or other person with knowledge of such information, bearing on my character, general reputation, personal characteristics, mode of living, criminal background and driving background. Agape Church reserves the right to conduct this investigation at any time.

I am aware that my name, address, telephone number, and e-mail address will be distributed to my Volunteer Team Leader, Sheila McNair. I give this information to my Volunteer Team Leader voluntarily and knowingly.

The information I have given is true and correct (to the best of my knowledge) and you may verify the information listed if necessary. I understand that I am a volunteer at will and that Agape Church reserves the right to disqualify me from my volunteer position for any reason it deems appropriate. I hereby release and hold Agape Church harmless from all claims arising under this application.

Signature _____

Date _____

Name _____

Date of Birth _____

Social Security # _____

SC Driver's License # _____

Please complete the entire application, including your photograph, and turn it in to Volunteer Team Leader, or mail to Agape Church, Volunteer Application Processing, 201 Plumbers Road, Columbia, SC 29203. All applicants will be prayerfully considered. Thank you for being willing to serve!

FOR OFFICE USE ONLY

Approved by: _____

Date: _____

Origination Date: _____

Volunteer Department Completion Date: _____

Reviewed By: _____

Comments: _____

