



Ministry Partner Application

Sensitive and confidential information – handle with extreme care.

The Volunteer Application can be filled out electronically using Microsoft Word (you will find it on our web site under Resources/form-downloads) or by hand. If you are using an electronic document, please complete the form and email it to the ministry leader with whom you would like to volunteer. If you are using a hard copy, please complete the form and secure it in a *sealed* envelope with the ministry leader's name on the front, then return it to the church office, ministry leader, or drop in any of the black boxes at the Ministry Center exits.

PART A

PERSONAL

Last Name:	First Name:	M. I.	Preferred Name/Nick Name:

Birth Date(MM/DD/YY): / /	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street:	City:	State: Zip:

Home Phone:	Cell:
Work Phone:	Email:

Marital Status: Married (Anniversary Date: / /) Single Separated Divorced
 Widowed Living together, not married, with someone of the opposite sex

FAMILY

Spouse's Name:	Birth Date(MM/DD/YY): / /
----------------	---------------------------------

Children's Names:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date(MM/DD/YY): / /
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date(MM/DD/YY): / /
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date(MM/DD/YY): / /
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date(MM/DD/YY): / /
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date(MM/DD/YY): / /

EMPLOYMENT, SKILLS AND COMMUNITY INVOLVEMENT

Employer:	Occupation:
Product or Service:	Special Training:

Special Skills / Talents / Hobbies:
What organizations or clubs are you involved in? (i.e. volunteering, community organizations, alumni, etc.):

CHURCH, SMALL GROUPS & MINISTRY INVOLVEMENT

How long have you attended Crosswinds?	Years	Months
Are you a regular attendee at Crosswinds?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you a Crosswinds Wesleyan Church Member?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you participated in a Small Group at Crosswinds?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Date last involved(MM/YY): /	
Have you volunteered at Crosswinds before?	<input type="checkbox"/> No <input type="checkbox"/> Yes – What Ministry? Date last involved(MM/YY): /	
Where are you interested in volunteering within Crosswinds? Ministry:		

PART B

Please continue if you are seeking to volunteer in Children, Youth, CCIA, Community Life, Small Groups and/or Celebrate Recovery. If not applying for one of these areas, please continue to the bottom of page 3 to verify information and sign.

Thank you for taking the time to fill out this required information. We are grateful you have a desire to use your talents and skills to serve at Crosswinds.

FAITH & CHURCH BACKGROUND

Choose one of the below that best describes you:

- Not yet a Christian, but seeking
- New / young Christian
- Stable / growing Christian
- Leading / guiding Christian

Describe your current relationship with Christ and a little about the journey that has brought you to this point:

REFERENCES

1	Name	Email	Phone	Yrs. Acquainted	Relationship
			- -		
2	Name	Email	Phone	Yrs. Acquainted	Relationship
			- -		
3	Name	Email	Phone	Yrs. Acquainted	Relationship
			- -		

NOTE: This application is kept confidential and is reviewed by staff of Crosswinds Church only. The following section asks some specific and necessary questions to ensure we offer the safest environments possible for our children, youth and vulnerable population. Answering yes to any of the questions does not necessarily disqualify you from volunteering. Thank you for understanding our concerns and for filling out the sections below completely and honestly.

If you prefer to discuss these questions with a ministry leader, please call the church office at (585) 394-5857 and make an appointment with that person.

Are there any circumstances or patterns in your life which would make it inappropriate for you to serve within Crosswinds or would compromise the integrity of the church? (For example: violence, theft, child abuse or neglect, unhealthy or illegal addictions like drugs, alcohol, pornography, etc.) Yes No

If yes, please explain or contact the ministry leader for further explanation:

Have you ever been convicted or pled guilty to a crime? Yes No

If yes, please explain:

Are you currently being treated for any psychiatric disorder that we should be aware of that could endanger or adversely influence you or those you will be serving in ministry? Yes No

If yes, please explain:

If at any time I am arrested, convicted, or plead guilty to any crime, or if I believe I may be unsuited for ministry, I will notify the ministry director and will voluntarily remove myself from serving in the church until such time as my situation can be reviewed.

YOUR SIGNATURE, VERIFYING ALL INFORMATION:

By checking the box and signing below, I am acknowledging that I have not misrepresented any information and have provided, to the best of my knowledge and ability, accurate and correct information.

Check here if all information provided is accurate to the best of your knowledge.

If you are using an electronic document, please complete the form and e-mail it to the ministry leader with whom you would like to volunteer. You can sign below when you meet with the ministry leader. If you are using a hard copy, please complete the form and secure it in a *sealed* envelope with the ministry leader's name on the front, then return it to the church office, ministry leader, or drop in any of the black boxes at the Ministry Center exits.

Applicant's Signature _____ Date: _____

Parent's Signature (if applicant is under age 18) _____ Date: _____