

FOR OFFICE USE ONLY:

Applicant Name: \_\_\_\_\_



NorthRidge  
Church

**VOLUNTEER APPLICATION**



## SECTION 2

### MARITAL STATUS

Single/Never Married     Single/Divorced     Married     Remarried     Widowed

Spouse's Name \_\_\_\_\_

If married, is your spouse supportive of you assuming this volunteer position?  Yes     No

Please list all individuals living in your household and their relationship to you:

### CHURCH HISTORY

How long have you been attending NorthRidge Church? \_\_\_\_\_

Have you attended Discover NorthRidge?  Yes     No    Are you a member of NorthRidge?  Yes     No

What campus do you primarily attend?  Plymouth     Brighton     Grosse Ile

Are you currently volunteering or participating in any other areas of ministry at NorthRidge?

Yes \_\_\_\_\_  No  
Please list areas

Are you currently in a NorthRidge Group?

Yes \_\_\_\_\_  No  
Group Leader

Please list other churches you have attended in the last 10 years, and approximate years or length of attendance: (e.g. Church Name, 19XX-20XX or Church Name, 4 years)

From the above, how were you involved (volunteering, classes, groups, etc.)?

### VOLUNTEER INFORMATION

Please share with us any special talents, skills, interests, hobbies, gifts or any experiences (fire eating, acting, making weird noises, juggling, smiling for hours) that may be relevant to your desire to serve:

Are you fluent in a language other than English?  Yes \_\_\_\_\_  No  
Language(s)

Campus Interest:  Plymouth     Brighton     Grosse Ile

Service Preference (Check all that apply):

**PLYMOUTH**  5:16p     9:16a     11:16a    **GROSSE ILE**  9:16a     11:16a    **BRIGHTON**  9:16a     11:16a

# SECTION 3

Please answer all questions completely and honestly. All answers will be kept strictly confidential. Answering "yes" to any of these questions does not necessarily disqualify you from serving.

Do you have, or have you had any communicable diseases such as TB, AIDS, Hepatitis B, etc?  Yes  No  
If yes, please list:

Have you ever been treated for any kind of psychological or emotional disorder? If yes, please explain, including any treatment plan:  Yes  No

Have you ever been accused, alleged, investigated, charged and/or convicted of any kind of crime AND/OR any act of neglecting, abusing, exploiting, or molesting any child, minor or adult? If so, please explain:  Yes  No

Are there any other past or current experiences or issues that we should know about, including violating another church's or organization's discipline procedures while ministering to minors or others? If yes, please explain:  Yes  No

Have you ever been a victim of abuse? If yes, please explain:  Yes  No

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography, or other addiction; or has anyone suggested that to you?  Yes  No

Would you like to speak with a Pastor or Ministry Director confidentially and in a non-threatening manner about any aspect of this application?  Yes  No

# BACKGROUND AUTHORIZATION

NorthRidge Church is committed to providing a safe and secure environment where integrity is at the forefront of ministry. Therefore, some volunteer opportunities require background checks. In these circumstances, NorthRidge Church is committed to the highest level of confidentiality and will only proceed to acquire background information with your signed consent.

## APPLICANT CONSENT FOR BACKGROUND VERIFICATION & SCREENING

The information contained in this application is correct to the best of my knowledge. NorthRidge Church will not share any information received as a result of this background check with any other agencies or companies, unless subpoenaed under law.

I understand and accept that NorthRidge Church will verify all or part of this information. I understand that (depending on the volunteer position) this verification may include inquiry into my credit history, motor vehicle driving record, all criminal and civil records, prior employment, as well as any and all other county, state, or national public record information or consumer reports. I authorize the release of such information as may be necessary to verify the information I have provided. I understand that this application is valid for one year from the date signed below and I may be asked to complete another application after that period. I acknowledge that NorthRidge Church may periodically run a criminal records check throughout the time I serve.

I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my position. I understand that it is possible that a volunteer position may be determined in whole or in part by a prospective employer using data from a report supplied by a background screening service. I am an at-will volunteer and may dismiss myself or be dismissed by NorthRidge Church at its sole discretion at any time with or without notice.

Printed Name

Signature

Date

After you complete this application, please drop it off at Guest Services or mail to NorthRidge Church, 49555 N Territorial Rd, Plymouth, MI 48170.

**FOR OFFICE USE ONLY:** Staff - Please complete all requirements for your ministry and record in Fellowship One.

Background Screening Date: \_\_\_\_\_  ACR  ASO  MVR  References  Other: \_\_\_\_\_

CRCK  Fellowship One  Other: \_\_\_\_\_



# NorthRidgeChurch.com

## **NORTHRIDGE PLYMOUTH**

49555 N Territorial Rd  
Plymouth, MI 48170  
734.414.7777

## **NORTHRIDGE BRIGHTON**

7555 Brighton Rd  
Brighton, MI 48116  
517.579.9525

## **NORTHRIDGE GROSSE ILE**

24200 Meridian Rd  
Grosse Ile, MI 48138  
734.671.1420