



# Milliken Gospel Church (MGC)

## QUALIFICATIONS & RESPONSIBILITIES OF MGC SUMMER PROGRAMS VOLUNTEER

- 1 Maintain a godly lifestyle, be an example as a leader in the body of Christ, and vibrant, growing relationship with Jesus through regular reading of the bible, prayer, and church attendance.
- 2 Complete Child Abuse Prevention Course (CAPP training provided by MGC)
- 3 Function within the policies and procedures for the Children Ministry to which you are applying.
- 4 Attend Children Ministry training and meetings as required and provided.

## PERSONAL INFORMATION

APPLICANT'S FULL NAME

\_\_\_\_\_  
Last First

DATE OF BIRTH

GRADE COMPLETED IN JUNE

GENDER

Male

Female

ADDRESS

CITY, ZIP

HOME PHONE

CELL PHONE

EMAIL

T-SHIRT SIZE(ADULT SIZES)

SMALL

LARGE

XXL

MEDIUM

XL

HAVE YOU ACCEPTED JESUS AS YOUR LORD AND SAVIOR? IF SO, WHEN?

PLEASE DESCRIBE YOUR CURRENT/PRIOR VOLUNTEER EXPERIENCE WITH CHILDREN:

HAVE YOU ATTENDED CHILD ABUSE PREVENTION COURSE?

YES

NO

DO YOU HAVE CPR Certified?

YES

NO

or OTHERS?

WHY DO YOU WANT TO SERVE AS A VOLUNTEER?

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (IF YES, PLEASE EXPLAIN THE NATURE OF THE CRIME AND THE DATE OF THE CONVICTION AND DISPOSITION.) CONVICTION OF A CRIME IS NOT AN AUTOMATIC DISQUALIFICATION FOR VOLNTEER WORK

WE MAY REQUIRE A POICE BACKGROUND CHECK ON ALL APPLICANTS WHO DESIRE TO WORK WITH CHILDREN.

DO YOU HAVE ANY OBJECTIONS?

- YES
- NO

### GENERAL INFORMATION

DO YOU REQUIRE "VOLUNTEER HOURS" FOR SCHOOL PURPOSE?

- YES
- NO

DO YOU HAVE VULNERABLE SECTOR (VSC) POLICE CHECK ALREADY?

- YES
- NO

DO YOU HAVE CAR AVAILABLE FOR TRANSPORTING OTHERS?

- YES
- NO

WHICH CONGREGATION DO YOU ATTEND FOR SUNDAY SERVICE(S)? *(Check all that apply)*

- ENGLISH
- CANTONESE
- MANDARIN

### EMERGENCY CONTACT

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

### HOW DID YOU HEARD ABOUT US

- |  |  |
|--|--|
| <input type="checkbox"/> RETURNING STUDENTS/VOLUNTEERS | <input type="checkbox"/> BY REFERRAL (Name) _____                            |
| <input type="checkbox"/> FLYER/POSTER                  | <input type="checkbox"/> DOOR TO DOOR VISIT                                  |
| <input type="checkbox"/> MY CHURCH (MGC)               | <input type="checkbox"/> EXTERNAL ADVERTISEMENT (e.g. BANNER, NEWSPAPER, TV) |
| <input type="checkbox"/> MGC WEBSITE                   | <input type="checkbox"/> OTHERS (please state) _____                         |

## YOUR AVAILABILITY

PLEASE CHECK THE BOX BELOW THAT YOUR DATE AVAILABLE FOR VOLUNTEERING.

- |  |   |
|--|---|
| <input type="checkbox"/> To be announced                 | <b>Mandatory CAPP training &amp; volunteer orientation (3 hours)</b>        |
| <input type="checkbox"/> Week of July 15-July 23         | <b>Decoration &amp; preparation (Day &amp; Time upon your availability)</b> |
| <input type="checkbox"/> July 24 - July 28 (9:00-3:30PM) | <b>VBS Week 1</b>   |
| <input type="checkbox"/> July 31- Aug 4 (9:00-3:30PM)    | <b>VBS Week 2</b>   |
| <input type="checkbox"/> Aug 5 ends at 7:30pm            | <b>VBS Closing Ceremony &amp; Clean up</b>                                  |

## YOUR VOLUNTEER INTERESTS

WHAT AREA(S) ARE YOU INTERESTED IN VOLUNTEERING? *(Check all that apply)*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Registration & Administration   | <input type="checkbox"/> Game Helper    | <input type="checkbox"/> Decoration     |
| <input type="checkbox"/> Team Leader                     | <input type="checkbox"/> Craft Helper   | <input type="checkbox"/> AV Helper      |
| <input type="checkbox"/> Before & After Childcare Helper | <input type="checkbox"/> Kitchen Helper | <input type="checkbox"/> General Helper |
| <input type="checkbox"/> Closing Ceremony Helper         |   |   |

## VOLUNTEER INFORMATION CONSENT

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the Children Ministry Committee Members that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Children Ministry Committee Members. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Children Ministry or my termination as a volunteer. I understand that all the information provided to or collected by Children Ministry in accordance with this authorization, will be kept in confidential and keep in file and will not be disclosed unless have the undersigned permission.

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

### For Children Ministry Committee Only

Received by: _____	Date: _____
Interview Date: _____	By: _____
Placement: _____	Police Background Check Required: _____
Position: _____	
Confirmed with Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	