

CHURCH ON THE ROCK
Volunteer Ministry Agreement and Release

Volunteer Application



As a volunteer of Church On The Rock, I understand and agree to the following:

In connection with my volunteer ministry with Church On The Rock, I authorize Church On The Rock to conduct inquiries into my background which may include personal references, public records, and any possible criminal history. I authorize any person or entity contacted by Church On The Rock to furnish the above mentioned information.

I am a voluntary participant and not an employee of Church On The Rock. I further understand that under no circumstances can Church On The Rock, or any of its officers, directors, employees, and agents be under any obligation, financial or otherwise, to me.

I am aware of the hazards and risks to my person and property associated with volunteering at Church On The Rock. Such hazards and risks include, but are not limited to, death, or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property.

I further understand that Church On The Rock may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my person or property that may occur during my participation as a voluntary participant. If I desire insurance coverage, I understand that I am responsible for obtaining and paying for the cost of such insurance.

I release Church On The Rock, its Pastors and Ministers, officers, directors, employees, and volunteer staff from any liability whatsoever arising as a result of death, injury, or illness that I may suffer as a result of my volunteer activities at Church On The Rock.

I attest and certify that I have no medical conditions that would prevent me from performing my duties as a voluntary participant.

I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal valid and binding obligation upon me and enforceable against me in accordance with its terms.

I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law.

I agree to the Church On The Rock "Statement of Faith".

Church On The Rock wishes to maintain in confidence all information including marketing information, data, technology, commercial and research strategies, trade secrets, inventions and know-how disclosed by Church On The Rock to me directly or indirectly, in written, oral or other tangible forms. In this regard, I agree that I will not disclose the confidential information with others without prior written consent of Church On The Rock, both during or after my volunteer service.

I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS. I VOLUNTARILY SIGN THIS PARTICIPANT ADMISSION STATEMENT AND RELEASE ON MY OWN FREE WILL. THIS IS A LEGAL DOCUMENT, AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Volunteer's Signature (Parent's signature, if minor)

Date

I have enclosed \$10 for my background screening (17 yrs and older)

Today's Date _____

PERSONAL INFORMATION

Legal Name _____
First Middle Last

Preferred Name _____

Address _____
Street City State Zip

Date of Birth _____ Age _____ M ___ F ___ Marital Status _____

Cell _____ Home _____

Email (required)

By providing your email address, you agree to receive emails & updates from COTR

I understand that I need to enclose \$10 for my background check if I am 17 yrs or older.

I acknowledge that I will receive an email requesting me to follow a link in order to submit my personal information for a criminal background check if I am 17 yrs or older. I agree to do this.

REFERENCES

Provide **two** personal references **not related to you**
Must have known you for **at least one year**
Must be **at least 21 years or older**

1) Name _____

Daytime Phone _____

Relationship _____

2) Name _____

Daytime Phone _____

Relationship _____

Office Use Only Date Received _____
Received by _____ Photo taken _____ Description _____ Payment Received/Attached \$ _____

WORK EXPERIENCE

Occupation _____ Current Employer _____

Tell us about your strengths, skills, or hobbies that could be utilized at Church on the Rock:

BACKGROUND INFORMATION

Have you received Jesus Christ as your Lord and Savior? _____

How long have you attended Church On The Rock regularly? _____

Yes ___ No ___ Have you ever been convicted of, plead guilty to; are there any charges or an investigation pending or disciplinary action taken for any of the following? Child abuse, neglect, abduction, molestation, any other sexual offense or misconduct.

Yes ___ No ___ Have you ever been convicted of, plead guilty to; are there any charges or an investigation pending or disciplinary action taken for any of the following: Violent crime, felony of any kind, any other criminal act?

If necessary, please explain.

The following questions are to be answered only if you intend to work with Nursery, Children or Teens: Otherwise, proceed to the next page.

List all previous church work involving children or youth, including each organization's name and address, type of work performed, and dates. (Attach a separate page if necessary)

List any skills, training, education, or other factors that have prepared you for children/youth work:

What type of children/youth work do you prefer? _____

Were you a victim of abuse or molestation while a minor? ___ Yes ___ No
If yes, please explain or request to discuss:

VOLUNTEER MINISTRY SELECTION

Additional forms may be required on some selections.

- | | |
|--|--|
| <input type="checkbox"/> ROCK CAFÉ/ EXPRESS | <input type="checkbox"/> SECTION COMMUNITIES |
| <input type="checkbox"/> BOOKSTORE | <input type="checkbox"/> HOSPITAL VISITATION |
| <input type="checkbox"/> PARKING | <input type="checkbox"/> NURSING HOME VISITATION |
| <input type="checkbox"/> GREETERS | <input type="checkbox"/> BEREAVEMENT |
| <input type="checkbox"/> HOST TEAM (Info Center, Guest Center) | <input type="checkbox"/> WE CARE CENTER Wed 12-5:00 pm
(Ladies Only) Food and Clothing Pantry |
| <input type="checkbox"/> WELCOME TEAM (Outdoor Greeting) | <input type="checkbox"/> WATER BAPTISM ASSISTANTS |
| <input type="checkbox"/> MUSICIAN | <input type="checkbox"/> PARADE OUTREACH |
| <input type="checkbox"/> CHOIR | <input type="checkbox"/> PRISON OUTREACH |
| <input type="checkbox"/> AUDIO | <input type="checkbox"/> I.T. (Information Tech, Website) |
| <input type="checkbox"/> MEDIA | <input type="checkbox"/> ONLINE CAMPUS |
| <input type="checkbox"/> LIGHTING | <input type="checkbox"/> GRAPHICS |
| <input type="checkbox"/> CD DUPLICATION | <input type="checkbox"/> SOCIAL MEDIA |
| <input type="checkbox"/> MAINTENANCE (M-F/9am-5pm) | <input type="checkbox"/> CLEANING (M-F/9am-5pm) |
| <input type="checkbox"/> INSPIRE (Young Adults) | <input type="checkbox"/> HISPANIC MINISTRY |
| <input type="checkbox"/> CARDS AND NOTES | <input type="checkbox"/> ADULT CLASSES |

Please note special requirements for the following

* 12 Months prior attendance at COTR required.

** 6 Months prior attendance at COTR required.

- | | |
|--|---|
| <input type="checkbox"/> KIDS ROCK (Grades 2-5)*
(Adult and Student Leaders) | <input type="checkbox"/> UPRISING JV (Grades 6-8)*
(Adult and Student Leaders) |
| <input type="checkbox"/> KIDS ROCK JUNIOR (Grades K-1)*
(Adult and Student Leaders) | <input type="checkbox"/> UPRISING YOUTH (Grades 6-12)*
(Adult and Student Leaders) |
| <input type="checkbox"/> NURSERY* (Ladies Only) | |
| <input type="checkbox"/> PRAYER PARTNERS** | <input type="checkbox"/> USHERS** |

PLEASE SIGN ON THE BACK OF THIS PAGE