

# Volunteer Application

For Volunteer Ministries of

## Del Sol Church

East ( ) NE ( ) EM ( ) TM ( ) Centro ( )

(Your photo may be taken upon return of this application and we will ask to see your valid driver's license or Texas Identification)

Which Ministry(ies) you are **applying for?**

1. \_\_\_\_\_

2. \_\_\_\_\_

Which Ministry(ies) you are **currently volunteering in**

1. \_\_\_\_\_

2. \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last, First, Middle Initial)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ Grade (if student): \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status: \_\_\_\_\_

If 17 or under, is your parent in favor of this application? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Parent's signature is required on page 3)

If married, is your spouse in favor of this application? \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Do you have children? \_\_\_\_\_ Names & ages of children \_\_\_\_\_

How long have you been attending DSC? \_\_\_\_\_ Are you currently in a Small Group? \_\_\_\_\_

When did you begin to follow Christ as your personal Lord and Savior (become a believer)?  
\_\_\_\_\_

Who, besides the work of the Holy Spirit, most influenced you to become a believer?  
\_\_\_\_\_

Do you speak another language besides English, if so which one(s)?  
\_\_\_\_\_

<b>For Office Use Only -</b>

## Requirements

Have you attended Membership Class? Yes \_\_\_\_ No \_\_\_\_

Are you willing to attend any required volunteer training class? Yes \_\_\_\_ No \_\_\_\_

Are you able to arrive 30 minutes early to prepare for the ministry you are applying for? Yes \_\_\_\_ No \_\_\_\_

Will you be able to inform your ministry leader at least a week in advance of an expected absence? Yes \_\_\_\_ No \_\_\_\_

Are you willing to attend one worship gathering per week to continue to grow spiritually? Yes \_\_\_\_ No \_\_\_\_

Which worship gathering will you attend each Sunday? \_\_\_\_\_

List day(s) and time(s) you would prefer to serve \_\_\_\_\_

## Personal References

List three personal references that have known you for a least 3 years and **are not relatives or former employers.**

Name:

Phone Number:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*As an applicant to be in a volunteer position of Del Sol Church and it's ministries, the church or its representatives may contact my references as deemed necessary to verify my suitability as a volunteer at Del Sol Church. I recognize, understand and adhere to the moral and ethical standards and mandates of the ministry I am applying for. I further declare that with regard to my personal, moral, and ethical character and conduct as of this date, I am not engaged in any inappropriate behavior and conduct nor do I have any inclination toward such conduct. I believe inappropriate conduct includes the following: verbal, physical, or sexual abuse as defined by State law and by the Word of God. My personal life will be actively conducted in a manner that will not bring any dishonor or reproach to my Lord and Savior Jesus Christ or to His Body at Del Sol Church. Without reservation, I hereby subscribe to the above statement with gladness and purpose of heart.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Parent's signature (If 17 years or younger)

# BACKGROUND CHECK

This portion of the volunteer application **MUST BE COMPLETED** when applying for any ministry volunteer position.

As members of the volunteer staff of Del Sol Church, we have a responsibility to provide a safe and secure environment for those children, youth and adults who participate in our programs and ministries. **Providing the following information is interpreted as authorization to conduct a background check if the church deems that necessary. Background checks will always be required for those volunteering with children and youth.**

Thank you for your cooperation.

How long have you lived in El Paso? \_\_\_\_\_

List previous cities, states and countries you have lived in outside of El Paso within the past 5 years:

\_\_\_\_\_  
\_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Any alias name or AKA(also known as) name that you have used:

\_\_\_\_\_  
\_\_\_\_\_

Your Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have a current driver's license? \_\_\_ License number \_\_\_\_\_ State \_\_\_\_\_

I, the undersigned, give my authorization to Del Sol Church or its representatives to conduct a criminal background check and/or Sexual offender check on this application. I hereby request the State of Texas, any state law enforcement agency, and any federal law enforcement agency to release any information which pertains to any record of convictions in its files or in any criminal file maintained on me whether local, state or national. This includes sexual offender records. I acknowledge that this authorization for criminal records and/or sex offender check does not expire, therefore, Del Sol Church is authorized to conduct this background check yearly as long as I am volunteering at the church. My conduct will not bring dishonor or reproach to Jesus Christ or to Del Sol Church.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
**Print Your Name**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature (If 17 years or younger)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Processed (**for office use only**)

\_\_\_\_\_  
Date

**Revised 11/17/21**

**To be completed by all volunteering in Children's or Student Ministry:**

Have you been baptized after becoming a believer in Jesus Christ? \_\_\_\_\_

If so, when and where \_\_\_\_\_

Are you a member of Del Sol Church? \_\_\_\_\_

If so, how long have you been a member? \_\_\_\_\_

Please list other churches you have attended regularly within the past 5 years or the last 3 churches attended if you were at your previous church more than 5 years.

o Church Name \_\_\_\_\_  
Church Address \_\_\_\_\_  
Church Phone \_\_\_\_\_  
City,State,Zip \_\_\_\_\_  
Type of work involving children/students: \_\_\_\_\_  
Dates of Service \_\_\_\_\_

o Church Name \_\_\_\_\_  
Church Address \_\_\_\_\_  
Church Phone \_\_\_\_\_  
City,State,Zip \_\_\_\_\_  
Type of work involving children/students: \_\_\_\_\_  
Dates of Service \_\_\_\_\_

o Church Name \_\_\_\_\_  
Church Address \_\_\_\_\_  
Church Phone \_\_\_\_\_  
City,State,Zip \_\_\_\_\_  
Type of work involving children/students: \_\_\_\_\_  
Dates of Service \_\_\_\_\_

List all previous non-church work involving children. Attach additional sheet if necessary.

Organization	City/State/Zip	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor?

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If yes, please describe all convictions for the past five years

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Were you a victim of abuse or molestation while a minor? \_\_\_\_\_No \_\_\_\_\_Yes

- If you prefer, you may refuse to answer this question.
- You may discuss your answer in confidence with one of the ministers/pastors rather than answering on this form.
- Answering yes or leaving the question unanswered will not automatically disqualify you.

List any gifts, callings, training, education, or other factors that have prepared you for teaching:

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Applicant Statement (Please initial each statement)

\_\_\_\_\_ The information I have provided in this application is true and correct to the best of my knowledge

\_\_\_\_\_ I authorize references or churches listed in the application to provide information (including opinions they may have regarding my character and fitness for working with children).

\_\_\_\_\_ I hereby release all individuals and/or organizations that provide such references from any civil liability for furnishing such evaluations, provided they do so without malice.

\_\_\_\_\_ I waive any right I may have to inspect references provided on my behalf.

\_\_\_\_\_ Should my application be accepted, I agree to be bound by the guidelines of this church and refrain from unscriptural conduct in the performance of my services on behalf of the church.

\_\_\_\_\_ I further state that I have carefully read the forgoing release and know the content thereof and I sign this release as my own free act. This is a legally binding agreement and therefore with my signature I indicate that I have read and understand all statements herein.

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Applicants Signature

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Date

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Parent's signature (If 17 years or younger)

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Date