

Name:	Date:	Ministry:
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Lighthouse Christian Church Volunteer Application

Completion of this form (and a background check on adults 18+) is required of each Children's Ministry volunteer to safeguard our teaching and children. Please fill out both sides, sign & return ASAP to Andrea Openshaw or Jan Kiehl, or leave at the Hospitality desk to our attention. Thank you for choosing to serve at Lighthouse.

*In what area would you like to be involved?

Children's Teacher _____ Children's Helper _____ Teen Teacher or Helper _____
 Nursery Worker _____ Growth Group Leader _____ Adult Sunday Bible Teacher _____
 Other Program/Ministry: _____

Select Sunday service time(s) available to serve: 8:30 a.m. ___ 10:00 a.m. ___ 11:30 a.m. ___

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Cell) _____ Birth Date _____

E-mail address _____

Present Employer _____ Position _____

Marital Status: Married _____ (How long? _____) Single _____ Divorced _____

1. Have you accepted Jesus Christ as your personal Lord & Savior? Yes ___ No ___

2. When were you baptized? _____ By what church? _____

3. Are you a member of Lighthouse Christian Church? Yes ___ (How long? ___) No ___

4. Do you believe in Jesus as the Son of God, without reservation? Yes ___ No ___

(If no, please explain here or on back: _____)

5. Do you accept the Bible as the Word of God, without reservation? Yes ___ No ___

(If no, please explain here or on back: _____)

6. Do you fully support our practice of weekly communion and baptism by immersion? Yes ___ No ___

(If no, please explain here or on back: _____)

7. How often do you attend Sunday School? Weekly ___ 2-3Times/Month ___ 1/Month ___

Rarely or never ___ Which SS class do you attend? _____

8. How often do you attend worship services? Weekly ___ 2-3Times/Month ___ 1/Month ___

Rarely/Never ___ Which service do you attend? 8:30 a.m. ___ 10:00 a.m. ___ 11:30 a.m. ___

(Continued on Back)

9. Do you recognize the need to be an example and role model both in and out of class?

Yes ___ No ___

10. Do you whole-heartedly support the leadership & direction of our church?

Yes ___ No ___

11. List any other ministries you are involved in: _____

12. Any previous experience? ___ Describe: _____

13. Have you ever been charged with or convicted of a felony or any other serious or sexual crime? Yes ___ No ___ (If yes, please explain or talk to one of our ministers)

Signed _____ Dated _____

***ALL APPLICANTS MUST BE APPROVED BY LCC ELDERS AND A BACKGROUND CHECK RUN BEFORE SERVICE BEGINS* (BACKGROUND CHECKS ON ADULTS 18+ ONLY)**

Please mark Adult Discipleship Classes you have taken:

___ Basics 101

___ 201 (Discovering Spiritual Maturity)

___ 301 (Discovering My Ministry)

___ 401 (Discovering My Life Mission)

___ Experiencing God

___ (Navigator's 2:7 Series - Book 1) Growing Strong in God's Family

___ (Navigator's 2:7 Series - Book 2) Deepening Your Roots in God's Family

___ (Navigator's 2:7 Series - Book 3) Bearing Fruit in God's Family

Extra Notes (please note answer to which question #):