

2019 Volunteer Service Form



The following Volunteer Service Form should be completed by any individual considering any volunteer position at Pine Level Missionary Baptist Church. This form is being used to assist the Nominating committee of Pine Level Missionary Baptist Church to more effectively seek the Lord's will in filling the various positions to carry out the ministry of the church. Your co-operation in this matter is very helpful to the overall mission of this church. All information is Confidential and kept in a locked file and is available only to the Pastor, Chairman of Deacons and Administrative Assistant and Nominating Committee.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____

Evening Phone Number: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Current Work Schedule: _____

How long have you attend Pine Level Missionary Baptist Church (PLMBC)? _____

Do you recall a time in your life when you confessed Jesus Christ as your personal Savior, and acknowledged Him as the Son of God, asking Him to come into your life and fill you with His Spirit? _____

Are you currently an active member of Pine Level Missionary Baptist Church?(Only current, active members, in good church standing, are eligible for volunteer positions) _____

Please list the current Volunteer Position(s) you hold at PLMBC: _____

Please list any previous Volunteer Positions you have held at PLMBC: _____

Please list any other volunteer experience at any other church location prior to joining the membership of Pine Level Missionary Baptist Church: _____

Can you make a one-year commitment to the position (s) you are wishing to be considered for? _____

Why would you like to volunteer as a worker with children and/ or youth? _____

What qualities do you have that would help you work with children and/or youth? _____

Have you ever been charged, convicted of, or pled guilty, either a misdemeanor or a felony including, child abuse, or other crimes of violence? _____ Yes _____ No

If yes, explain fully: _____

Do you use any illegal drugs, even periodically? _____

Do you struggle with sexual addiction(s) or do you view sexually explicit materials? _____

Are you involved in any premarital, extramarital or a homosexual relationship? _____

Are you currently involved in any activities that do not align themselves with traditional Christian values? _____

Do you have difficulties working with handicapped children? _____

Are you currently taking, or do you periodically take, any medication that may impact your ability to work with children in a positive, caring manner? _____

Do you have any mental or physical issues or conditions that may affect the well being of others?

_____ Yes _____ No

If yes, explain fully: _____

Please list any other concerns or comments that you may have that we should be made aware of:
