



L I F E C E N T E R

# Volunteer Application

**APPLICATION MUST BE FILLED OUT COMPLETELY BEFORE BEING PROCESSED (PLEASE PRINT IN INK)**

Please allow two weeks for processing. You will be notified when the process is complete.

Name \_\_\_\_\_ Date \_\_\_\_\_

**Please check all of the following that apply:**

**Choose a Campus**

- Central
- Rainier
- Downtown
- The Sanctuary

**Ministry area you would like to serve in**

- Children's Ministry
- MS/HS Youth
- Women's Ministry
- Men's Ministry
- Life Groups
- Life Coach
- Hospitality
- Experience Team
- Media
- Fine Arts/Worship
- Outreach
- The Stay
- Welcome Center/Office
- Thrift Store
- Construction/Maintenance
- Special Events Set Up/Tear Down
- Young Adult
- Other \_\_\_\_\_

**Gifts and Talents**

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

**Describe when and how you accepted Jesus Christ as your personal Savior**

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

**Do you consider Life Center your church home?** Yes \_\_\_\_\_ No \_\_\_\_\_

**How long have you attended Life Center?** \_\_\_\_\_

*(Must attend for at least 6 months to volunteer with children)*

**List any current areas you are serving at Life Center**

\_\_\_\_\_

**Personal References – no relatives please**

**Name**

**Phone Number**

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

# Background Check Form

**The following questions are part of a process to help provide a safe and secure environment for our children. All information is confidential.**

Have you ever been arrested, convicted of or pleaded guilty to any crime? \_\_\_\_\_

We conduct a police background check on all applicants. Do you have any objections? \_\_\_\_\_

If you answered "yes" to any of the above questions, please explain briefly. We at Life Center understand the life-changing power of Jesus Christ and are eager to hear how He has helped you.

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

## **Criminal Records Check & Authorization** (All applicants are required to complete this section.)

I hereby request a criminal background check and the release of any information, which pertains to any record of convictions in its files or in any criminal file maintained on me whether local, state, or federal. I hereby release any criminal law enforcement agency from any and all liability resulting from such disclosure. Any person or entity relying on this request may rely on a photocopy or facsimile as if it were an original.

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number (required) \_\_\_\_\_ Birth Date \_\_\_\_\_

Legal Name (please print) \_\_\_\_\_ Birth Place \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Driver's License # \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Number of years at this Address \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

## **Applicant Statement** (All applicants must sign this statement)

The information contained in this application is correct to the best of my knowledge. I give Life Center the right to investigate all references and to secure additional information about me. I hereby release Life Center and its representatives from liability for seeking such information and all other persons for furnishing such information. I have read the contents of this application and understand that this is a legally binding agreement.

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

**PLEASE ATTACH A COPY OF CURRENT DRIVERS LICENSE**  
**Return to: Life Center 1717 S. Union Ave, Tacoma WA 98405**  
**Attn: Volunteer Department**

**Required for all applicants under 18 years of age:**

Age \_\_\_\_\_ School \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_