



Volunteer Application

*Thank you for offering your time and talents to serve the Lord!
Please print legibly and note that incomplete applications cannot be processed.*

Name _____

Address _____

Phone Home : (____) _____ - _____ Cell: (____) _____ - _____ Work: (____) _____ - _____

Email _____

How can you best be contacted? Email (Home / Cell / Work) Phone

Male Female Date of Birth ____/____/____

Are you married? Yes No Spouse's Name _____

For which ministry are you applying to serve? _____

Do you consider the Rock your home church? Yes No

Are you an active member of a Rock small group? Yes No

Facilitator's Name: _____ Phone: (____) _____ - _____

In what ministry(ies) are you currently involved in or have been in the past?

Ministry leader's name: _____

Have you completed Rock Basic Training or the Foundation Series? Yes No

What day(s) and time(s) are you available to volunteer?

Day _____ From _____ : _____ AM PM until _____ : _____ AM PM

Day _____ From _____ : _____ AM PM until _____ : _____ AM PM

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Day _____ From _____ : _____ AM PM until _____ : _____ AM PM

Day _____ From _____ : _____ AM PM until _____ : _____ AM PM

Please list your top three Spiritual Gifts:

(If you have not taken a Spiritual Gifts Assessment, please complete one prior to submitting your application.)

Within the last year, have you struggled with any issues that may cause another brother or sister in Christ to stumble? (This includes, but is not limited to: adultery/fornication, alcohol/substance abuse, living together with your fiancé or girlfriend/boyfriend)
If yes, please explain:

It is good neither to eat meat nor drink wine nor do anything by which your brother stumbles or is offended or is made weak. ~ Romans 14:21

Our desire is that anyone serving the Rock body would live a life above reproach. We ask that those serving in ministry refrain from the consumption of alcohol in public. Will this be a concern for you?
If so, please explain:

Please give two references that we may contact (if you are not involved in a Small Group, please list someone involved in church leadership if possible):

Name: _____ Years known _____
Relationship _____ Phone # (____) _____ - _____
Address _____
City _____ State _____ ZIP _____

Office Use Only

2. Name: _____ Years known _____
Relationship _____ Phone # (____) _____ - _____
Address _____
City _____ State _____ ZIP _____

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Briefly state your beliefs on the following to the best of your ability. If unsure, write "unsure." This is not a test of your biblical knowledge, but we do want to know what you believe regarding these key doctrines. Feel free to use additional paper if necessary.

A. Do you believe that the scriptures are infallible and verbally inspired by God?

B. What is your understanding of the Trinity? Is Jesus God?

C. How do you know that you are saved?

D. Why should a person be baptized?

E. Why is the resurrection of Christ important?

F. Do you believe that Jesus is coming again? Yes No

G. As far as you know, do you disagree with any of the teachings of the Rock? If so, which ones, and why?

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information that they may have regarding my character and fitness for serving at the Rock. In consideration of the receipt and evaluation of this application by the Rock, I hereby release any individual, church, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Signature_____

Date____ / ____ / ____