



## Student Volunteer Application Packet

Dear FCC Student:

We are so excited that you are interested in serving in Unlimited at FCC. It has been so exciting to watch this ministry grow through the years. God allows us to minister to children and adults with special needs and their families through a lot of different ways. We are happy that you are interested in serving on one of them.

The best ways for our student ministry to be part of Unlimited is through our Buddies program and by helping at Unlimited Kids events. Here's a little about both:

**Buddies:** If you decide to buddy, you will be assigned a child in one of our Kid's Life classes that you will spend one service with each Sunday. You will hang out with them, get to know them and help them participate in classroom activities. This is an awesome way we minister (1) to parents which allows them to attend a service without concern for their child and (2) to the child so that they can participate just as any other child would in class. We have also found that our buddies get so much joy out of spending time with their buddy and help them to know Jesus better.

**Unlimited Kids:** We have UL Kids once-a-month. Sometimes we meet at the Salem campus for food, fun and games and sometimes we are off site at places like Pump It Up or Greenridge Recreation Center. UL Kids allows parents of kids with special needs and their siblings a night out to themselves while we have a blast hanging out with the kids doing a Bible lesson, craft, games, snacks, etc. We'd love to have you at UL Kids!

In your volunteer packet you will find several forms to complete and return to us. The Volunteer Application will provide us with valuable information from you in order to best serve with *Unlimited*. Please fill this form out completely. You will only need to complete the Background Screening form if you are over the age of 18.

Attached you will find the purpose, mission and core values of *Unlimited*. Should you have further questions, please feel free to contact the Unlimited Director, Elisha Kirby at 540-387-3200 or [ekirby@fcclife.org](mailto:ekirby@fcclife.org). We will make every effort to provide you with the information and answers you need.

Once again, thank you for being part of this exciting opportunity to share the love of Jesus with individuals with disabilities and their families in the Roanoke Valley.

In Christ,

The Unlimited Ministry Team



1226 Red Lane Extension  
Salem, VA 24153

Rev. 2-2016



## Our Purpose

**Unlimited's mission is to provide opportunities for individuals with special needs to hear the gospel, worship, serve and enjoy community in the local church.**

## Our Core Values

- un All people, regardless of physical, cognitive, or psychological abilities, have value because they are created in God's image.
- un When a child is dedicated the FCC congregation agrees to encourage and support that family as the child is raised; the same principle should be applied when a family has a member with "special needs."
- un People with special needs need opportunities to develop and use their spiritual gifts for ministry.
- un People with special needs should be included in all aspects of FCC ministry.
- un Whenever possible, an inclusion model should be used at FCC.

## Our Goals

- un Educate the FCC congregation regarding the needs and abilities of people with disabilities and their caregivers.
- un Train FCC ministry workers on how to effectively assist people with different types of special needs.
- un Incorporate opportunities for people with disabilities to serve in God's ministries.
- un Provide respite for caregivers of people with disabilities.
- un Assist in the identification and access of resources for people with special needs and their caregivers.



# Student Volunteer Application

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Personal Information

Name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

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

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Do you have a valid driver's license?  Yes  No

Gender: \_\_\_\_M \_\_\_\_F

## **Emergency Contact Information** (Parent or guardian we can call if needed)

Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

## **Employment & Student Information**

Do you have a job?  Yes  No Place of Employment: \_\_\_\_\_

Position Held: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

What school do you currently attend? \_\_\_\_\_

Do you have volunteer or paid experience working with people with disabilities?  Yes  No

If yes, please describe:

Type(s) of special needs experience(es) and length: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have current certification in any of the following: (check ALL that apply)

CPR  First-Aid  Other If applicable, please list certification & expiration date:

\_\_\_\_\_

\_\_\_\_\_



Do you have a relationship with Christ?  Yes  No

Please share your faith story of how you came to know Christ and what how He is working in your heart and life today: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you taken the step of baptism?  Yes  No  Soon: \_\_\_\_\_(date to be baptized)

Are you currently actively involved in a Life Group?  Yes  No If yes, who is your Life group leader? \_\_\_\_\_

Are you actively involved in student ministry?  Yes  No

If yes, what church? \_\_\_\_\_  Middle School or  High School

Are you a regular attendee of FCC or another Church?  Yes  No

If another church, what church? \_\_\_\_\_

As a volunteer for *Unlimited* will you uphold the beliefs of Fellowship Community Church?

Yes  No

Are you committed to fulfilling the *Unlimited* Purpose Statement?  Yes  No

Do you agree with and support the *Unlimited* Core Values?  Yes  No

Why have you chosen to work with Unlimited? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any circumstance or pattern in your life, which would make it inappropriate for you to serve or that would compromise the integrity of Fellowship Community Church?  Yes  No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do your parents feel about you serving with Unlimited? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Personal References

Please list people that meet the following criteria: 1) Are over 18 years of age; 2) Have seen you around individuals with disabilities; 3) have known you for more than one year; 4) have a definite knowledge of your character.

### Reference 1 (A parent or guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Length of Time Known: \_\_\_\_\_

### Reference 2 (Youth Pastor or Life Group leader)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Length of Time Known: \_\_\_\_\_

### Reference 3 (your choice)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Length of Time Known: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I authorize all references listed in the application to give you any information (including opinions) that they have regarding my character and fitness for child or youth work. I authorize the release of the information contained in this application, on a confidential, need to know basis, to any ministry at Fellowship Community Church in which I seek a position (volunteer or compensated.) In consideration of the receipt and evaluation of this application by Fellowship Community Church, I hereby release any individual, church, youth organization, charity, 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, which at any time result to me, my heirs or family, on account of compliance or any attempts to comply, with this authorization. To uphold the confidentiality of the reference, I waive any right that I may have to inspect any information provided about me by any person or organization, but I may contact Fellowship Community Church inquire about information provided about me.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the Church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I read and understand.

Print Applicants Full Legal Name: \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





# fellowship community church

## Unlimited Ministry

### Authorization to Reproduce Physical Likeness



I grant Fellowship Community Church the right to photograph me, \_\_\_\_\_, and use my picture, silhouette, or other reproductions of my physical likeness in connection with advertisements, publications, and/or videos of Fellowship Community Church. These reproductions may include an exhibition, internet webpage, incorporation into a publication, church advertisement or promotion, or any other use of videos.

My signature below indicates that I have read and understand the meaning and effect of this release form.

Agreed and Accepted: (See below if you do not agree)

\_\_\_\_\_  
Signature of Participant or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant or Legal Guardian if under 18 (please print)



**I DO NOT WISH** for Fellowship Community Church to use my picture, silhouette, or other reproductions of my physical likeness in connection with advertisements, publications, and/or videos of Fellowship Community Church. These reproductions may include an exhibition, internet webpage, incorporation into a publication, church advertisement or promotion, or any other use of videos.

\_\_\_\_\_  
Signature of Participant or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant or Legal Guardian (please print)

**\*\*Note:** This information will be in force until such time as the parent notifies the church in writing that they want the information to be changed.

